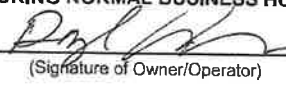
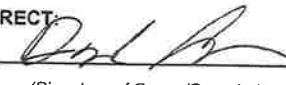


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 01/17/2024	Alt Number 79998
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: Washington Administration			
Address: 1000 ASU DRIVE			
City: Lorman	State: MS	Zip: 39096	
Site Location: Mechanical Room		Tel: (601) 877-6100	
Building Size: Approx. 12,000sf	# of Floors: 6	Age in Years: 40+	
Present Use: Administration	Prior Use: Administration		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Institution of Higher Learning			
Address: 3825 Ridgewood Rd, Jackson, MS 39211			
City: Jackson	State: MS	Zip: 39211	
Contact: Dr. Alfred E. McNair	Tel: (601) 432-6647		
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL			
Address: 783 HARRIS STREET			
City: JACKSON	State: MS	Zip: 39202	
Contact: DARYL ANDERSON	Tel: 601-354-4400		
Certification Number: ABC-00002173	Expiration Date: 10-27-24		
OTHER OPERATOR: CMC			
Address: 7070 Exchequer Drive Baton Rouge, LA 70809			
City: Baton Rouge	State: LA	Zip: 70809	
Contact: John Edwards	Tel: 504.265.0017		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 7-27-2023	
Inspector: Alfred Martin	Certification Number: ABI-00001570	Expiration Date: 03/17/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Mechanical Room TSI			
Procedure PLM-Polarized Light Microscopy			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT): 30	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1-30-24		Complete: 2-02-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-01-24		Complete: 5-30-24	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Renovation of mechanical room, remove and replace TSI		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Area barricaded off, contained, placed under negative pressure, material kept wet and placed in lined dumpster for disposal		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Waste Management Natchez MS		
Address: 35 Shieldsboro Rd, Sibley, MS 39165		
City: Sibley	State: MS	Zip: 39165
Contact Person: Transportation Manager		Tel: (866) 909-4458
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>XIV. WASTE DISPOSAL SITE</b> Waste Management		
Name: Plantation Oak Landfill		
Address: 35 Shieldsboro Rd, Sibley, MS 39165		
City: Sibley	State: MS	Zip: 39165
Contact Person: Landfill Manager		Tel: (866) 909-4458
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:</b> Halt all work and notify the proper authority		
<b>XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.</b>		
DARYL ANDERSON <small>Type or Print Name</small>		 <small>(Signature of Owner/Operator)</small>
		1-17-24 <small>(Date)</small>
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
DARYL ANDERSON <small>Type or Print Name</small>		 <small>(Signature of Owner/Operator)</small>
		1-17-24 <small>(Date)</small>