

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 12/2/2024	AI Number 37466
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> D			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Bldg 808, 810, 812 ext 1x2 siding and 3 steal window glaze ea.			
Bldg. Name: Bldg 808, 810, and 812			
Address: 808, 810, and 812 University Drive			
City: Starkville	State: MS	Zip: 39762	
Site Location: 808, 810, and 812 University Drive		Tel: 601 325 4398	
Building Size: 4000 SF each Bldg	# of Floors: 2	Age in Years: >30	
Present Use: empty	Prior Use: office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Mississippi State University			
Address: PO Box 9621			
City: Mississippi State	State: MS	Zip: 39762	
Contact: Steve Hollenhead	Tel: 662 552 3444		
ASBESTOS REMOVAL CONTRACTOR: Environmental Serviices			
Address: 253 Delk Road			
City: Hattiesburg	State: MS	Zip: 39401	
Contact: Joe Venus	Tel: 6014081005		
Certification Number: ABC00001330	Expiration Date: Jan 2 2025		
OTHER OPERATOR: n/a			
Address:			
City:	State:	Zip:	
Contact:	Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: Oct 15, 2024	
Inspector: Lee Roberts	Certification Number: ABI00009020	Expiration Date: Mar 7 2025 2/7/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 1x2 ext siding and 3 steal window glazing materials. with PLM analysis			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	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: 12/17/24		Complete: 12/20/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A		Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Removal of ext siding and steal window glaze using the wet method in office room

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Wet materials and remove using hand tools

XIII. WASTE TRANSPORTER #1

Name: Environmental services

Address: 253 Delk road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Joe Venus

Tel: 601 408 1005

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: RoBo landfill

Address: 6447 Walalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edwards

Tel: 662 793 4795

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

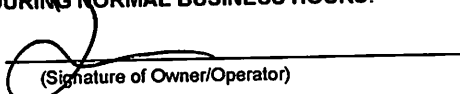
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work call DEQ

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.

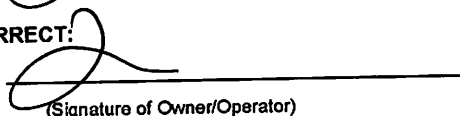
Joe Venus
Type or Print Name


(Signature of Owner/Operator)

12/2/24
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus
Type or Print Name


(Signature of Owner/Operator)

12/2/24
(Date)