MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: Email □Mail □Hand Delivery	Postmark (mai	l only) Date Received 4/28/2025		Al Number 79998			
	Type of Notification (O=Original R=Revised C=Canceled A= Annual):						
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):							
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: Hall Stairwells				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: 11-08-2		on Date: 11-08-25	In the second			
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: 02/21/2026							
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Mechanical Room TSI							
Procedure PLM-Polarized Light Microsopy							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT): 150	Surface Area (SQ FT): Vo			olume 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: 5-15-25 Complete: 6-01-25							
x. scheduled dates demo/renovation (MM/DD/YY) Start: 6-05-25 Complete: 7-30-25							

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(s) TO BE USED: Renovation of Administration building, remove and replace TSI								
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Area barricaded off, contained, glove bag used, material kept wet and placed in lined dumpster for disposal								
XIII. WASTE TRANSPORTER #1								
Name: Anderson Enviornmental								
Address: 783 Harris Street								
_{City:} Jackson	State: MS	Zip	39202					
Contact Person: Daryl Anderson		Tel	Tel: (601) 354-4400					
WASTE TRANSPORTER #2								
Name:								
Address:								
City:	State:	Zip	Zip:					
Contact Person:			Tel:					
XIV. WASTE DISPOSAL SITE Republic								
Name: Little Dixie Landfill								
Address: 1716 N County Line Rd								
City: Ridgeland	State: MS		Zip: 39157					
Contact Person: Mike Raley	Tel: (601)982-9488							
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:								
Name: 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: Halt all work and notify the proper authority								
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.								
DARYL ANDERSON	11-17/1/1	4-28-25						
Type or Print Name	(Signature of Owner/C	Operator)	(Date)					
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: DARYL ANDERSON 4-28-25								
Type or Print Name	(Signature of Owner/Operator)		(Date)					