

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #		Postmark		Date Received (MDEQ use only)		Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</b>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name:		<b>HCC Media Center</b>					
Address		<b>501 East Main St.</b>					
City:		State:		Zip:			
<b>Raymond</b>		<b>MS</b>		<b>39154</b>			
Site Location:				Tel:			
<b>Media Center</b>				<b>601-857-3567</b>			
Building Size		# of Floors:		Age in Years:			
<b>10,000 sq ft</b>		<b>1</b>		<b>40+</b>			
Present Use:		Prior Use:					
<b>Media Center</b>							
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <b>Hinds Community College</b>							
Address: <b>P.O. Box 1100</b>							
City:		State:		Zip:			
<b>Raymond</b>		<b>MS</b>		<b>39154</b>			
Contact:				Tel:			
<b>Jesse Jones</b>				<b>601-857-3567</b>			
REMOVAL CONTRACTOR <b>Environmental Management Plus, Inc.</b>							
Address: <b>P.O. Box 9361</b>							
City:		State:		Zip:			
<b>Jackson</b>		<b>MS</b>		<b>39286</b>			
Contact:				Tel:			
<b>Alfred L. Martin, Ph.D.</b>				<b>601-922-1919</b>			
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):							
<b>Alfred L. Martin - assumed (4/3/17)</b>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:							
1. Regulated ACM to be Removed		RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
2. Category I ACM Not Removed			Category I	Category II	UNIT		
3. Category II ACM Not Removed							
Pipes					Ln Ft:	Ln M:	
Surface Area			<b>VCT-mastic</b>		Sq Ft:	<b>800</b>	Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>4/14/17</b> Complete: <b>4/17/17</b>							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:							

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APR - 0

Dept. of Environm

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Removal of floor tile - wet method

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

critical barriers, wet method

XII. WASTE TRANSPORTER #1

Name:

EMP

Address:

P.O. Box 9341

City:

Jackson

State:

MS

Zip:

39286

Contact Person:

Alfred Martin, Ph.D.

Tel:

601-922-1919

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

BFI Little Dixie Landfill

Address:

1716 N. Country Lane Rd.

City:

Jackson

State:

MS

Zip:

39213

Tel:

601-982-4488

XIV. 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):

XV. 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:

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

All work will be halted until further inspection is conducted

XVII. 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

Type or Print Name

(Signature of Owner/Operator)

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

Date