

# 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) <span style="float: right;">0</span>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">D</span>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>Mable Henly, Apt. - ASU</b>					
Address: <b>Alcorn State University</b>					
City: <b>Lorman</b>		State: <b>MS</b>			
Site Location:		Tel:			
Building Size: <b>10,200 sf +/-</b>		# of Floors: <b>2</b>			
Present Use: <b>Vacant</b>		Age in Years: <b>40Y-</b>			
Prior Use: <b>Apt's</b>					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>ASU</b>					
Address: <b>1000 ASU DRIVE</b>					
City: <b>Alcorn State</b>		State: <b>MS</b>			
Contact: <b>MR. Harried</b>		Zip: <b>39096-7500</b>			
Tel: <b>601 597-4726</b>					
REMOVAL CONTRACTOR <b>EMP</b>					
Address: <b>P.O. 9361</b>					
City: <b>Jxn, MS</b>		State:			
Contact: <b>Al Martin</b>		Zip: <b>39286</b>			
Tel: <b>601 922-1919</b>					
OTHER OPERATOR:					
Address:					
City:		State:			
Contact:		Zip:			
V. IS ASBESTOS PRESENT? (Yes/No) <span style="float: right;">Yes</span>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<b>PLM Al Martin ABI - 1570 4/20/18</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area <b>Floor Tile mastic</b>				Sq Ft: <b>9000</b>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/12/17</b>					
Complete: <b>5/20/17</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:					
Complete:					

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: <b>Removal of ACM F&amp;Mastic</b>		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: <b>Wet Removal. CRITICAL Barriers.</b>		
XII. WASTE TRANSPORTER #1		
Name: <b>EMP</b>		
Address: <b>P.O. Box 9361</b>		
City: <b>Jxn</b>	State: <b>MS</b>	Zip: <b>39286</b>
Contact Person: <b>Al Martin</b>	Tel: <b>601 922-1919</b>	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: <b>Little Dixie</b>		
Address: <b>County Line Rd</b>		
City: <b>Madison</b>	State: <b>MS</b>	Zip: <b>39157</b>
Tel: <b>601 982-9488</b>		
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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: <b>WORK STOPPED. Additional inspection</b>		
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.		
<b>Alfred Martin</b> Type or Print Name	<b>Alfred Martin</b> (Signature of Owner/Operator)	<b>5/1/17</b> (Date)
<b>Alfred Martin</b> Type or Print Name	<b>Alfred Martin</b> (Signature of Owner/Operator)	<b>5/1/17</b> (Date)