

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201 Mail notification to: Date Received (MDEQ use only) Notification #ron (MDEQ use only) Operator Project # I. 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) R III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Bldg. Name: Cosmetology Building - Utica Campus Address 34175 MS-18 City: Utica State: MS Zip: 39175 Tel: 601-885-6062 Site Location: Building Size 10,000 Age in Years: 60+/-# of Floors: 2 Prior Use: Classrooms Present Use: Vacant IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: Hinds Community College Address: P. O. Box 1100 City: Raymond State: MS Zip: 39154 Contact: Jesse Jones Tel: 601-857-3567 REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowood State: MS 7in 39232 Contact: Chuck Womack Tel: 601-940-5411 OTHER OPERATOR: Barnard & Sons Construction Address: P. O. Box 517 City: Mendenhall State: MS Zip: 39114 Contact: William Chalk V. IS ASBESTOS PRESENT? (Yes/No) Y VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Willie J Nester ABI-2244 3/17/16 VII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable INCLUDING: Asbestos Material Not Indicate Unit of RACM To Be Removed Measurement Below Regulated ACM to be Removed To Be Category I ACM Not Removed Removed 3. Category II ACM Not Removed UNIT Category I Category II LnFt: X Ln M: Pipes 5.200 Sq ft floor tile/mastic 120 In ft flashing SqFt: X Surface Area Sq M: 3,600 sq ft sheetrock CuFt: Cu M: Vol RACM Off Facility Component Complete: 4/2/18 3/16/18 VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete: 8/31/18 3/16/18 IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of asbestos containing materials with hand tools				
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE				
Stop work and notify competent person				
XII. WASTE TRANSPORTER #1				
Name: ADS, Inc.				
Address: P. O. Box 1296	140		20000 4000	
City: Clinton			Zip: 39060-1296	
Contact Person: Tel: 601-925-0507				
WASTE TRANSPORTER #2				
Name:				
Address:				
City:	State:		Zip:	
Contact Person: Tel:			Tel:	
XIII. WASTE DISPOSAL SITE				
Name: Little Dixie Landfill				
Address: 1716 North County Line Rd				
City: Ridgeland	State: MS Zip:		Zip: 39157	
Tel: 601-982-9488				
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 Begi			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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop work immediately and notify compotent parson.				
Stop work immediately and notify competent person 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.				
Chuck Womack Type or Print Name (Signature of Owner/Operator)			3/5/18 (Date)	
XVIII. I CERTIFY THAT THE ABOVE INPORMATION IS SQRRECT:				
Chuck Womack			3/15/18	
Type or Print Name (Signature of Owner/Operator) (Date)				