

57831

APR 04 2018

**MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM**

Dept. of Environmental Quality

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)
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I. Type of Notification (O=Original R=Revised C=Canceled A= Annual)  O

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) **Community College**

Bldg. Name: **Hinds Community College Raymond Branch Vo-tech bldg**

Address **608 Hinds Blvd, Raymond, MS 39154**

City: <b>Raymond</b>	State: <b>MS</b>	Zip: <b>39154</b>
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Site Location: <b>Vo-Tech Building, A-103 Fab Lab</b>	Tel:
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Building Size <b>8000sf</b>	# of Floors: <b>2</b>	Age in Years: <b>50</b>
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Present Use: <b>Vo-Tech</b>	Prior Use: <b>Vo-Tech</b>
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IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **Hinds Community College Raymond Branch**

Address: **P.O. Box 1100 Raymond, MS 39154**

City: <b>Raymond</b>	State: <b>MS</b>	Zip: <b>39154</b>
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Contact: <b>Mary Lou Israel</b>	Tel: <b>Office: 601.857.3921</b>
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REMOVAL CONTRACTOR **Anderson Environmental**

Address **P.O. Box 16891**

City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39236</b>
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Contact: <b>Daryl</b>	Tel: <b>Anderson</b>
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OTHER OPERATOR: **Not known**

Address:

City:	State:	Zip:
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Contact:

V. IS ASBESTOS PRESENT? (Yes/No)  Yes

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

**Analytical method PLM Inspector Alfred Martin**

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed	800			Ln Ft:	Ln M:
2. Category I ACM Not Removed				Sq Ft: X	Sq M:
3. Category II ACM Not Removed				Cu Ft:	Cu M:
Vol RACM Off Facility Component					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **4-17-18** Complete: **4-25-18**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **4-25-18** Complete: **6-30-18**

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

Renovate and upgrading of Vo-Tech center

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

Area placed in containment under negative pressure and removed using wet methods

XII. WASTE TRANSPORTER #1

Name: Anderson Environmental

Address: P.O. Box 16891

City: Jackson

State: MS

Zip: 39236

Contact Person: Daryl

Tel: Anderson

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Allied Waste Little Dixie Landfill

Address: 1716 W County line Road 39157

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-8488

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.

Halt all work and notify the proper authorities

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

Daryl Anderson

(Signature of Owner/Operator)

4-02-18

(Date)

Type or Print Name

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

(Signature of Owner/Operator)

4-02-18

(Date)

Type or Print Name