

20438

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)					
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: Itawamba Community College Student Support Center					
Address: 602 West Hill Street					
City: Fulton	State: MS	Zip: 38843			
Site Location:		Tel:			
Building Size: 40,455 s.f.	# of Floors: 1	Age in Years: 40+			
Present Use: Offices		Prior Use: Unknown			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Itawamba Community College					
Address: 602 West Hill Street					
City: Fulton	State: MS	Zip: 38843			
Contact:		Tel:			
REMOVAL CONTRACTOR: Graham Roofing Incorporated					
Address: 680 West Tibbee Road					
City: West Point	State: MS	Zip: 39773			
Contact: Jimmy Cobb (ABC - 00002222)	Tel: 662/574-7303				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Analysis was by PLM Ron Robinson ABI-00001499, 05/06/17					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area (bottom BUR)	40,455			Sq Ft: 40,455	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/14/18 (tentative)				Complete: 7/27/18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/14/18				Complete: 7/27/18	

RECEIVED
MAY - 1 2018
Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Cut EPDM roof (top layer) and dispose at regular landfill. ACM will be removed using hand method and disposed at Three Rivers Landfill

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Wet method and double ply poly line dumpsters

XII. WASTE TRANSPORTER #1

Name: Graham Roofing Incorporated

Address: 680 West Tibbee Road

City: West Point

State: MS

Zip: 39773

Contact Person: Jimmy Cobb

Tel: 662/574-7303

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Three Rivers Landfill

Address: 1904 MS-76

City: Pontotoc

State: MS

Zip: 38863

Tel: 662/488-0444

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:

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.

Jimmy Cobb

Type or Print Name

(Signature of Owner/Operator)

(Date)

4/27/18

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Cobb

Type or Print Name

(Signature of Owner/Operator)

(Date)

4/27/18