

2967

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) O h R							
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: Hinds Community College							
Address: 3925 Sunset Dr.							
City: Jackson	State: MS	Zip: 39213					
Site Location: Bivens Hall		Tel: 601-366-1405					
Building Size: 10,000 SF	# of Floors: 1	Age in Years: 40+					
Present Use: ATC	Prior Use:						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Hinds Community College							
Address: 501 E. Main St.							
City: Raymond	State: MS	Zip: 39154					
Contact: Jesse Jones		Tel: 601-857-3567					
REMOVAL CONTRACTOR EMP							
Address: P.O. Box 9361							
City: Jackson	State: MS	Zip: 39286					
Contact:		Tel:					
OTHER OPERATOR:							
Address:							
City:	State: MS	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): Alfred L. Martin, Jr. - PLM 4/4/18							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below			
1. Regulated ACM to be Removed		Category I		Category II		UNIT	
2. Category I ACM Not Removed							
3. Category II ACM Not Removed							
Pipes				Ln Ft:	Ln M:		
Surface Area	FT/mastic			Sq Ft: 600	Sq M:		
Vol RACM Off Facility Component				Cu Ft:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/10/18				Complete: 5/14/18			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:			

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

Removal of acm floor tile and mastic

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

wet method

XII. WASTE TRANSPORTER #1

Name: EMP
Address: P.O. Box 9361
City: Jackson State: MS Zip: 39286
Contact Person: Alfred Martin Tel: 601-922-1919

WASTE TRANSPORTER #2

Name: n/a
Address:
City: State: Zip:
Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI - Little Dixie Landfill
Address: 1716 N. County Line Rd.
City: Ridgeland State: MS 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 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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

All work will be halted until additional inspection 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.

Alfred L. Martin, Jr. Alfred L. Martin, Jr. 4/18/18
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Alfred L. Martin, Jr. Alfred L. Martin, Jr. 4/18/18 4/18/18
Type or Print Name (Signature of Owner/Operator) (Date)