

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) 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) House on the campus of Tougaloo				
Bldg. Name: Campus housing				
Address Tougaloo Campus Apt. 1A				
Jackson		State: MS	Zip:	
Site Location: Tougaloo College		Tel: 601 922-1919		
Building Size Appr. 500sf		# of Floors: 1	Age in Years: 40+/-	
Present Use: apt		Prior Use: Apt.		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Tougaloo Board of Trustee's				
Address: Tougaloo College				
City: Jackson		State: MS	Zip:	
Contact: Erskine Brown		Tel: 601 977-7828		
REMOVAL CONTRACTOR EMP				
Address: PO BOX 9361				
City: Jackson		State: MS	Zip: 39286-9361	
Contact: Alfred Martin, Jr.		Tel: 601 573-1585		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
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): Alfred Martin 10/2/20 (Assumed positive)				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
Regulated ACM to be Removed 1. Category I ACM Not Removed 2. 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		Floor Tile n Mastic		Sq Ft: 300sf Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/13/20				Complete: 11/15/20
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Unsure				Complete:

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

Wet removal

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

XII. WASTE TRANSPORTER #1 EMP

Name: Allied

Address: County Line Road

City: Jackson

State: MS

Zip: 3920

Contact Person: Earline

Tel: 601 982-9488

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie

Address: same

City:

State:

Zip:

Tel:

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER: Stop work and reevaluate condition

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 Martin, Jr.
Type or Print Name

(Signature of Owner/Operator)

11/3/20
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Alfred Martin, Jr.
Type or Print Name

(Signature of Owner/Operator)

11/3/20
(Date)