

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Annette 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)

Bldg. Name: **Hinds Community College / Gibbs Hall**
 Address: **608 Hinds Blvd,**
 City: **Raymond, MS** State: **MS** Zip: **39154**
 Site Location: **Gibbs Hall - room 113** Tel: _____
 Building Size _____ # of Floors _____ Age in Years _____
 Present Use: **Classroom** Prior Use: _____

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **Hinds Community College**
 Address: **608 Hinds Blvd**
 City: **Raymond** State: **MS** Zip: **39154**
 Contact: **Mr. J. Jones** Tel: **601 278-1135**

REMOVAL CONTRACTOR: **Forrest Construction LLC**
 Address: **591 Raymond Rd**
 City: **Jackson** State: **MS** Zip: **39204**
 Contact: **Devin Forrest** Tel: **769 216-8741**

OTHER OPERATOR
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____

V. IS ASBESTOS PRESENT? (C=Yes) (N=No)

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

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				Ln Ft:	Ln M:
2. Category I ACM Not Removed				Sq Ft:	Sq M:
3. Category II ACM Not Removed				Cu Ft:	Cu M:
Pipes					
Surface Area			fluoride/mastic	400 sq	
Vol RACM Off Facility Component					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **11/3/20** ~~11/9/20~~ Complete: **11/21/20** ~~11/21/20~~

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: _____ Complete: **12/16/20**

RECEIVED

DEC 15 REC'D

Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION ^{work method} AND METHOD(S) TO BE USED

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

XII. WASTE TRANSPORTER #1

Name: *Ferris Construction LLC*

Address: *591 Baywood rd*

City: *Danvers*

State: *MA*

Zip: *01924*

Contact Person: *Danvers Ferris*

Tel: *769 216-8741*

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: *Republic Services Little Dixie Landfill*

Address: *176 N County Line rd*

City: *Rindge*

State: *MA*

Zip: *01957*

Tel: *603 922-9484*

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: *call MDEA*

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:

call MDEA

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.

Danvers Ferris
Type or Print Name

[Signature]
(Signature of Owner/Operator)

12/2/20
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Danvers Ferris
Type or Print Name

[Signature]
(Signature of Owner/Operator)

12/2/20
(Date)