

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 5/2/2022	AI Number
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):				
Bldg. Name: Elizey Hall				
Address: H F McCarty Dr.				
City: Wesson		State: MS	Zip: 39191	
Site Location: Wesson		Tel: 601-643-5101		
Building Size: 20,000		# of Floors: 1	Age in Years: Plus 50 yrs	
Present Use: College		Prior Use: College		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Opick Lincoln Community College				
Address: 1028 J.C. Redd Drive				
City: Wesson		State: MS	Zip: 39191	
Contact: NA		Tel: 601-643-5101		
ASBESTOS REMOVAL CONTRACTOR: 3A Service Troubleshooters				
Address: 1260 Wooddell Drive				
City: Jackson		State: MS	Zip: 39212	
Contact: Joseph Antoine		Tel: 601-212-9555		
Certification Number: ABC-00001396		Expiration Date: 5/28/2022		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 2/2/2020	
Inspector: Willie J. Nester		Certification Number: AB1-00002244	Expiration Date: 1/19/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Pipe Elbow + Tees. PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 75 Elbows		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <input checked="" type="checkbox"/>		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/16/2022 Complete: 5/17/2022				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: _____ Complete: _____				

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DEPT. OF ENVIRONMENTAL QUALITY

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

Abatement + Renovation

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

Keep material wet

XIII. WASTE TRANSPORTER #1

Name: same as removal contractor

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Land fill

Address: 1216 North County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Mike Raley

Tel: 601-982-9488

XV. 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):

XVI. 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:

XVII. 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 notify DEQ

XVIII. 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.

Joseph Antoine

Type or Print Name

Joseph Antoine

(Signature of Owner/Operator)

5/2/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine

Type or Print Name

Joseph Antoine

(Signature of Owner/Operator)

5/2/2022

(Date)

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ASBESTOS
UNITED STATES DEPARTMENT OF LABOR