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MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark <i>Emailed</i>	Date Received (MDEQ use only) <i>6/23/2022</i>	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <i>R</i>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <i>R</i>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <i>Student Union</i>					
Bldg. Name: <i>HCC - Raymond Campus</i>		<i>501 Main St. Raymond, MS 39154</i>			
Address <i>PO BOX 1100</i>					
City: <i>Raymond</i>	State: <i>MS</i>	Zip: <i>39154</i>			
Site Location: <i>Student Union</i>		Tel:			
Building Size <i>20,000+/-</i>	# of Floors: <i>2</i>	Age in Years: <i>40+/-</i>			
Present Use: <i>Student Union</i>	Prior Use: <i>same</i>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <i>State of Mississippi</i>					
Address: <i>3825 Ridgewood Rd</i>					
City: <i>Jackson</i>	State: <i>MS</i>	Zip: <i>39211</i>			
Contact: <i>Jesse Jones</i>		Tel: <i>601 278-1135</i>			
REMOVAL CONTRACTOR: <i>Anderson Environmental</i>					
Address: <i>783 Harris Street</i>					
City: <i>Jackson</i>	State: <i>MS</i>	Zip: <i>39286-9361</i>			
Contact: <i>Daryl Anderson</i>		Tel: <i>601 940-4644</i>			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <i>Yes</i>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Alfred Martin PCM 6/15/22					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. 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		FT/Mastic, HVAC Mud		Sq Ft: <i>Appr. 2,000</i>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>June 22, 2022</i> Complete: <i>June 25, 2022</i>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>June 28, 2022</i> Complete: <i>August 31, 2022</i>					

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:

XII. WASTE TRANSPORTER #1 ~~ABS~~ Anderson Environmental

Name: ~~ABS~~ Anderson Environmental

Address: ~~Springridge Rd.~~ 783 Harris street

City: ~~Clinton~~ Jackson

State: MS

Zip: 39202

Contact Person: Daryl Anderson

Tel: ~~601925-0507~~ 601-354-4400

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE Little Dixie

Name: Republic

Address: West 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: Student Union has been shutdown due to asbestos being detected. Owner in needing to re-open to allow students/staff back in.

Date and Hour of Emergency (MM/DD/YY): June 22, 2022

Description of the sudden unexpected event: Asbestos floor tile was identified during demolition for upcoming student food area.

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

Building being shutdown is not allowing campus police nor post office to be open.

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Shut down project

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.

Daryl Anderson

Type or Print Name

Daryl Anderson
(Signature of Owner/Operator)

6-23-22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

Type or Print Name

Daryl Anderson
(Signature of Owner/Operator)

6-23-22

(Date)