

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

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|--|--|---|--|-------------------|
| MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery | | Postmark (mail only) | Date Received 6/27/2022 | AI Number 2415 |
| 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: Elzey 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: Boptic 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 Transite. | | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: | | | | |
| Pipes (LN FT): | | Surface Area (SQ FT): | Volume of Facility Components (CU FT): | |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: | | | | |
| Category I: | | Category II: <input checked="" type="checkbox"/> Transite 400 SF | | |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/1/2022 Complete: 7/31/2022 | | | | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: | | | | |

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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: 1716 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 CRUMBLLED, 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)

6/27/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine

Type or Print Name

Joseph Antoine

(Signature of Owner/Operator)

6/27/2022

(Date)