

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <b>7/28/2021</b>	Date Received (MDEQ use only) <b>7/28/2021</b>	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Faculty Apartments</b>					
Bldg. Name: <b>Alcorn State University</b>					
Address <b>1000 ASU Dr.</b>					
City: <b>Lorman</b>	State: <b>MS</b>	Zip: <b>39096</b>			
Site Location:		Tel: <b>601-877-6471</b>			
Building Size <b>5,000sf</b>	# of Floors: <b>1</b>	Age in Years: <b>50+/-</b>			
Present Use: <b>Faculty Housing - Vacant</b>	Prior Use: <b>Faculty housing</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Alcorn State University</b>					
Address: <b>1000 ASU Dr.</b>					
City: <b>Lorman</b>	State: <b>MS</b>	Zip:			
Contact: <b>Robert Watts</b>		Tel: <b>601-877-6471</b>			
REMOVAL CONTRACTOR <b>Environmental Management Plus. Inc.</b>					
Address: <b>P.O. BOX 9361</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39286</b>			
Contact: <b>Alfred Martin, Jr.</b>		Tel:			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>Alfred Martin, Jr., Ph.D. 3/10/21 PLM</b>					
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	Floor Tile and Mastic			Sq Ft: Appr. 5000sf	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>8/11/21</b> Complete: <b>8/17/21</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

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

**Asbestos abatement of floor tile and mastic**

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

Wet removal/critical barriers

XII. WASTE TRANSPORTER #1 EMP

Name: EMP

Address: PO BOX 9361

City: Jackson

State: MS

Zip: 39286

Contact Person: Alfred Martin

Tel: 601 922-1919

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N. County Line Rd.

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-8488

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

**All work will be halted for further inspection.**

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., Ph.D.

Type or Print Name

(Signature of Owner/Operator)

7/28/21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred Martin, Jr., Ph.D.

Type or Print Name

(Signature of Owner/Operator)

7/28/21

(Date)