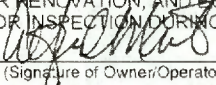
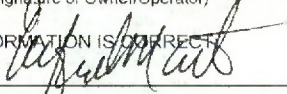


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only) <i>Emailed 8.24.21</i>	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <i>O</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)				
Bldg. Name: Hinds Community College - ATC Campus				
Address 3925 Sunset Dr.				
City: Jackson	State: MS	Zip: 39213		
Site Location: Former Bookstore	Tel: 601-366-1405			
Building Size 3009 sf	# of Floors: 1	Age in Years: 40+		
Present Use: <i>vacant</i>	Prior Use: bookstore			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Hinds Community College				
Address: 501 E. Main St.				
City: Raymond	State: MS	Zip:		
Contact: Jesse Jones	Tel: 601-857-3567			
REMOVAL CONTRACTOR TBD				
Address:				
City:	State:	Zip:		
Contact: Alfred Martin, Ph.D	Tel: 601-922-1919			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) yes				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Alfred Martin, Ph.D PCM 6/21/21				
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 and Mastic		Sq Ft: 3,009 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/8/21				Complete: 9/13/21
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:

"Def"

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: abatement of acm FT and mastic		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: glovebagging, wet method		
XII. WASTE TRANSPORTER #1		
Name: TBD		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
WASTE TRANSPORTER #2 N/A		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIII. WASTE DISPOSAL SITE		
Name: BFI Little Dixie Landfill		
Address: 1716 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:		
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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER: all work will be halted until further inspection is conducted		
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 L. Martin, Jr. Type or Print Name	 (Signature of Owner/Operator)	8/24/21 (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Alfred L. Martin, Jr. Type or Print Name	 (Signature of Owner/Operator)	8/24/21 (Date)