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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	Date Received (MDEQ use only) <i>mailed 8/31/21</i>	Notification # (MDEQ use only)
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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: *Hinds Community College - ATC Campus*
 Address: *3925 Sunset Dr.*

City: <i>Jackson</i>	State: <i>MS</i>	Zip: <i>39213</i>
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Site Location: <i>Room 106</i>	Tel: 601-984-1000 <i>601-366-1405</i>
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Building Size: <i>10,000 sf</i>	# of Floors: <i>1</i>	Age in Years: <i>40+</i>
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Present Use: ~~Hospital~~ *classroom* Prior Use:

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:
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Contact: *Alfred Martin, Ph.D* Tel: *601-922-1919*

OTHER OPERATOR:
 Address:

City:	State:	Zip:
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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:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed				Ln Ft:	Ln M:
2. Category I ACM Not Removed				Sq Ft: <i>1,500</i>	Sq M:
3. Category II ACM Not Removed				Cu Ft:	Cu M:
Pipes					
Surface Area			<i>FT and Mastic</i>		
Vol RACM Off Facility Component					

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:

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 CRUMBLER, 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)