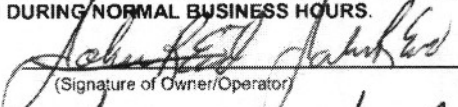



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 10-28-2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R <i>Revised 10-28-22</i>				
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): UNIVERSITY STUDENT UNION				
Bldg. Name: ALCORN STATE UNIVERSITY				
Address: STUDENT UNION BLDG, 2ND FLOOR				
City: LOMAN		State: MS	Zip: 39096	
Site Location: 1000 ASU DRIVE		Tel: 601 8877 6100		
Building Size: 67,000		# of Floors: 2	Age in Years: 48	
Present Use: STUDENT UNION		Prior Use: SAME		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: OFFICE OF BUILDING AND GROUNDS AND REAL PROPERTY				
Address: 501 N WEST STREET				
City: JACKSON		State: MS	Zip: 39202	
Contact: DR. JEFF POSEY		Tel: 601 877 6100		
ASBESTOS REMOVAL CONTRACTOR: JOHN REID				
Address: 1621 CLEARVIEW CIRCLE				
City: COLUMBIA		State: MS	Zip: 39429	
Contact: JOHN REID		Tel: 601 441 5290		
Certification Number: ABC 00009958		Expiration Date: 11-11-2022		
OTHER OPERATOR: PAUL JACKSON & SON				
Address: 319 MS 550				
City: BROOKHAVEN		State: MS	Zip: 39601	
Contact: REED THOMPSON		Tel: 601 833 3453		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 12-18-2022		
Inspector: WILLIE NESTER		Certification Number: ABI-00002244	Expiration Date: 1-16-2021	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM, EMSL, SUSPECT MATERIAL: WOOD LAMINATE FLOOR, LEVELING COMPOUND, COVE BASE, STAIR TREAD, VCT, CEILING TILE, PLASTER, LINOLEUM				
VII. QUANTITY OF RACM TO BE REMOVED: 2200				
Pipes (LN FT):	Surface Area (SQ FT): 2200		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: UNKNOWN		Category II: UNKNOWN		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-24-2022 <i>10-31-2022</i>		Complete: 11-01-2022 <i>11-11-2022</i>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-24-22 <i>10-31-2022</i>		Complete: 1-10-2023		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: REMOVE ASBESTOS CONTAINING LINOLEUMN FOR ELEVATOR INSTALLATION. REMAINDER OF BUILDING NOT IN CONTRACT		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: WET METHOD, DOUBLE BAG, NEGATIVE AIR		
XIII. WASTE TRANSPORTER #1		
Name: JOHN REID		
Address: 1621 CLEARVIEW CIRCLE		
City: COLUMBIA	State: MS	Zip: 39429
Contact Person: JOHN REID		Tel:
WASTE TRANSPORTER #2 NA		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: PINE BELT REGIONAL WASTE		
Address: 5274 MS 29		
City: OVETT	State: MS	Zip: 39464
Contact Person: MADDY		Tel: 601 545 2121
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: NA	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
XVI. FOR EMERGENCY RENOVATIONS: NA		
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, CONTAIN AREA, CONTACT MDEQ AND OWNER		
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.		
JOHN REID		10-28-22 10-13-2022 (Date)
Type or Print Name	(Signature of Owner/Operator)	
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
JOHN REID		10-28-22 10-13-2022 (Date)
Type or Print Name	(Signature of Owner/Operator)	