

"MAP"

"Rev"

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 type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 11-8-2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Eagle Hall				
Address: 910 Hwy 19 N				
City: Meridian		State: MS	Zip: 39307	
Site Location:		Tel: 228-348-0072		
Building Size: 30,000sq		# of Floors: 2	Age in Years: 50-+	
Present Use: NONE		Prior Use: Residents Dorm		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Meridian Community College				
Address: 910 Hwy 19 N				
City: Meridian		State: MS	Zip: 39307	
Contact: Sarah Hickman		Tel: 228-348-0072		
ASBESTOS REMOVAL CONTRACTOR: Abatement Pro's, LLC				
Address: 10 Dottie Lane				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Lee Roberts		Tel: 601-408-5558		
Certification Number: ABC-00011365		Expiration Date: 1/03/2023		
OTHER OPERATOR: Southern Recycling and Demolition, Inc.				
Address: 3586 Sangani Blvd				
City: D'Iberville		State: MS	Zip: 39540	
Contact: Sarah Hickman		Tel: 228-348-0072		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes		Inspection Date: 02/11/2020		
Inspector: Willie Nester		Certification Number: ABI-00002244	Expiration Date: 01/16/2021	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
flooring, ceiling materials, windows, adhesives, joint compound, wall paper, fiber glass pipe insulation. PLM analysis was performed.				
VII. QUANTITY OF RACM TO BE REMOVED: floor tile, mastic, 80 windows, textured ceiling				
Pipes (LN FT):	Surface Area (SQ FT): 50,000		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/07/2023			Complete: 11/07/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/08/2022			Complete: 12/30/2023	

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

total demolition and removal using excavator

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

enclosure, neg. air, wet method, double bag

XIII. WASTE TRANSPORTER #1

Name: Abatement Pro's LLC

Address: 10 Dottie Lane

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Lee Roberts

Tel: 601-408-5558

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Robo Asbestos Landfill

Address: 6447 Wahalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edmunds

Tel: 601-248-2990

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, isolate suspect material, keep wet and assess for additional engineering controls if necessary, notify MDEQ

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.

Saran Hickman

Type or Print Name

(Signature of Owner/Operator)

11/08/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Saran Hickman

Type or Print Name

(Signature of Owner/Operator)

11/08/2022

(Date)