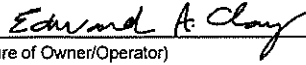
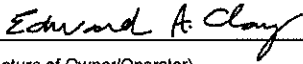


MAP

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 8.4.2023	AI Number 20438
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> 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: Student Activities				
Address: 602 W Hill Street				
City: Fulton		State: MS	Zip: 38843	
Site Location: ICC Campus			Tel: 662-321-8432	
Building Size: Appx 11,200 SQ FT		# of Floors: 2	Age in Years: Appx 45	
Present Use: Vacant		Prior Use: Student Activities Grill		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: ICC				
Address: 602 W Hill Street				
City: Fulton		State: MS	Zip: 38843	
Contact: Jay Nail			Tel: 662-523-0113	
ASBESTOS REMOVAL CONTRACTOR: Edward Clay - EAC Environmental				
Address: 4546 Cal-Steens Road				
City: Caledonia		State: MS	Zip: 39740	
Contact: Edward Clay			Tel: 662-386-6386	
Certification Number: ABC-00005192			Expiration Date: 11-05-2023	
OTHER OPERATOR: JESCO				
Address: 2000 McCullough Blvd				
City: Tupelo		State: MS	Zip: 38801	
Contact: Jay Nail			Tel: 662-321-8432	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 06-03-22	
Inspector: Ron Robinson		Certification Number: ABI-00001499	Expiration Date: 02-21-23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor tile, Mastic, Drywall, Ceiling Tile, Caulk Materials analyzed by PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): Appx 10,000		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: 08-18-23			Complete: 08-25-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 08-28-23			Complete: 02-28-23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Remove floor tile, mastic, after abatement, contractor will renovate the building's interior		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Contain work area, use air scrubber, airless sprayer with surfactant, wet method removal, double bag, 6 mil poly		
XIII. WASTE TRANSPORTER #1		
Name: EAC Environmental		
Address: 4546 Cal-Steens Road		
City: Caledonia	State: MS	Zip: 39740
Contact Person: Edward Clay	Tel: 662-386-6386	
WASTE TRANSPORTER #2		
Name: Burns Waste		
Address: 57 Burns Drive		
City: Columbus	State: MS	Zip: 39702
Contact Person: Raygan Gibson	Tel: 662-574-2315	
XIV. WASTE DISPOSAL SITE RoBo Landfill		
Name: RoBo Landfill		
Address: 6447 Wahalak Road		
City: Scooba	State: MS	Zip: 39358
Contact Person: Roland Edmonds	Tel: 662-798-4795	
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:		
Contain material, notify owner's contact and 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.		
Edward A. Clay Type or Print Name	 (Signature of Owner/Operator)	08-04-23 (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Edward A. Clay Type or Print Name	 (Signature of Owner/Operator)	08-04-23 (Date)