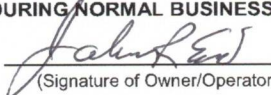
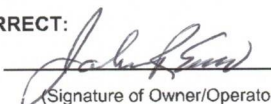


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 6/7/2024	AI Number 79998
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): UNIVERSITY STUDENT UNION				
Bldg. Name: ALCORN STATE UNIVERSITY				
Address: ROBINSON HALL				
City: LORMAN		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 1/24/2025	
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, LINOLEUMN				
VII. QUANTITY OF RACM TO BE REMOVED: 1,720 FLOOR TILE AND MASTIC, 1ST FLOOR CORRIDORS ONLY, 137 WINDOWS				
Pipes (LN FT): NA		Surface Area (SQ FT): 1720	Volume of Facility Components (CU FT): 137 windows	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: UNKNOWN			Category II: UNKNOWN	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06-21-2024			Complete: 08-24-2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-24-22			Complete: 06-09-2025	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: REMOVE ASBESTOS CONTAINING VCT 1720 SQ FT, 1ST FLOOR CORRIDOR ONLY, 137 WINDOW UNITS - COMPLETE REMOVAL.		
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 CRUMBLER, 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 Type or Print Name	 (Signature of Owner/Operator)	6-07-2024 (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
JOHN REID Type or Print Name	 (Signature of Owner/Operator)	6-07-2024 (Date)