
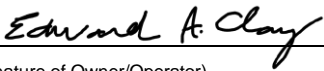


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MAP

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 09-13-2023		AI Number 20438	
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: Monroe Hall							
Address: 602 W Hill St							
City: Fulton				State: MS		Zip: 38843	
Site Location: 322 W Main						Tel: 662-260-4404	
Building Size: Appx 12,500 SF				# of Floors: 2		Age in Years: 50+	
Present Use: Vacant				Prior Use: Dormitory			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: ICC							
Address: 602 W Hill St							
City: Fulton				State: MS		Zip: 38843	
Contact: Jay Allen						Tel: 662-862-8000	
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: M&N Construction							
Address: 499 Gloster Creek Village Suite F-9							
City: Tupelo				State: MS		Zip: 38804	
Contact: Brent McMillin						Tel: 662-231-1968	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes							
WAS ASBESTOS PRESENT? (Yes/No): Yes					Inspection Date: 11-05-21		
Inspector: Ron Robinson			Certification Number: ABI-00001499			Expiration Date: 04-15-22	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
Drywall, Ceiling Tile, Floor Tile, Mastic, Sealants and Insulation PLM Analytical Method							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT):			Surface Area (SQ FT): Appx 12,000			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: 09-27-23						Complete: 10-04-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-05-23						Complete: 12-30-23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Remove floor tile and mastic with floor scrapers using Wet Method		
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: Waste Pro		
Address: 1600 12th Street South		
City: Columbus	State: MS	Zip: 39701
Contact Person: RuthAnn Faris		Tel: 662-328-5528
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		09-13-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS		
CORRECT: Edward A. Clay		09-13-23
Type or Print Name	(Signature of Owner/Operator)	(Date)