

71164

Lee

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # 71164	(MDEQ use only)	
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)					
Bldg. Name:					
Address 1324 EAST MAIN ST.					
City: TUPELO	State: MS	Zip: 38801			
Site Location:			Tel:		
Building Size 900 SF	# of Floors: 2	Age in Years:			
Present Use: VACANT	Prior Use: CAL LOT				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: NINA LOWE					
Address:					
City:	State:	Zip:			
Contact:			Tel: 662-231-9008		
REMOVAL CONTRACTOR SERPRO OF TUPELO					
Address: 2984 CLIFF GOODWIN BLVD					
City: TUPELO	State: MS	Zip: 38804			
Contact: KURT MARTIN			Tel: 662-690-6502		
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): PLM					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area	FLOOR TILE			Sq Ft: 900	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:			2/13/17	Complete:	2/17/17
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

RECEIVED
FEB 13 2017
Dept. of Environmental Quality

RECEIVED
JAN 23 2017
Dept. of Environmental Quality



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

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: WET REMOVAL, DOUBLE 6 MIL BAG.

XII. WASTE TRANSPORTER #1

Name: KURT MARTIN

Address: 2984 CLIFF GOODIN BLVD

City: TUPELO

State: MS

Zip: 38801

Contact Person: KURT MARTIN

Tel: 662-690-6502

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: THREE RIVERS LANDFILL

Address: 1904 MS-76

City: PONTOTOC

State: MS

Zip: 38863

Tel: 662-488-0444

XIV. 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):

XV. 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:

XVI. 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:

XVII. 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.

KURT MARTIN

Type or Print Name

[Signature]
(Signature of Owner/Operator)

1/17/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

KURT MARTIN

Type or Print Name

[Signature]
(Signature of Owner/Operator)

1/17/17

(Date)