MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FOR (MDEQ: yse only) MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201 Mail notification to: Date Received (MDEQ use only) Notification # Operator Project # ONGNO I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Demo II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) III. FACILITY DESCRIPTION (Include building name, number and floor or room number) 39191 W State: Tel: Site Location: 30 SOOISF Age in Years: # of Floors: **Building Size** Prior Use: Present Use: IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) RJ Address: MC State: Zip: 2708179 Tel: Contact: of MS REMOVAL CONTRACTOR Address: MS State: Zip: Contact: OTHER OPERATOR: Address: State: Zip: City: 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): Hal Moore Nonfriable VII. APPROXIMATE AMOUNT OF ASBESTOS Asbestos INCLUDING: Indicate Unit of Material Not **RACM** To Be Removed Measurement Below To Be Regulated ACM to be Removed Category I ACM Not Removed Removed UNIT Category II ACM Not Removed Category II Category I LnFt: Ln M: **Pipes** & Wirdows SqFt: Sq M: Surface Area

A Danny Tackson gare notice to Proceed Due to Buildry is Leaving towards Another Buildry Related to Storm

2-27-1

Vol RACM Off Facility Component

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:

CuFt:

Complete:

Complete:

Cu M:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:				
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:				
	N 3	N 1	Var. 1/11	Asbestos
Removal of whole Wi	rdad	Units_	very 1-the	Distribute
XII. WASTE TRANSPORTER#1				
Name: Abatent Contractors ofMS				
Address: 761 Weathersky Rd		·	700	
: Hattiesbury State: MS		15	zip: 39402	
Contact Person: Charles Anderson			Tel: 601 270	8179
WASTE TRANSPORTER #2				
Name:				
Address:				
City:	State:		Zip:	
Contact Person:			Tel:	
XIII. WASTE DISPOSAL SITE				
Name: Contra Landoil				
Address:				
city: Mareill	State: M	5	Zip:	
Tel:				
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:				
Storm Lifted church Ard Moved NOW Leaving				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY				
NONFRIABLE ASTESTOS 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.				
Type or Print Name (Signature of Owner/Operator) (Date)				
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:				
Charles Asley Myst				
Type or Print Name (Signature of Owner/Ope	rator)		(Di	ate)