

# 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 # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>Revised</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Demo</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>Branch Office / Newton Housing Authority</b>				
Address <b>110 Broad Street</b>				
City: <b>Newton</b>	State: <b>MS</b>	Zip: <b>39345</b>		
Site Location: <b>298 Northside Drive, Newton, MS</b>		Tel: <b>(601) 382-6229</b>		
Building Size <b>527 Sq. Ft. to be removed</b>	# of Floors: <b>1</b>	Age in Years: <b>20</b>		
Present Use: <b>Senior Citizens Residential Use</b>	Prior Use: <b>Same</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Newton Housing Authority</b>				
Address: <b>298 Northside Drive</b>				
City: <b>Newton</b>	State: <b>MS</b>	Zip: <b>39345</b>		
Contact: <b>Andy</b>	Tel: <b>(601) 683-3371</b>			
REMOVAL CONTRACTOR <b>Southeast Environmental Group, Inc.</b>				
Address: <b>296B 2nd Ave.</b>				
City: <b>York</b>	State: <b>AL</b>	Zip: <b>36925</b>		
Contact: <b>Johnny Rodgers</b>	Tel: <b>(205) 392-9308</b>			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL. (Include inspector name and date of inspection): <b>Just discovered 9x9 floor tile and mastic to be removed. Discovered when starting another phase of work. Some procedures will be followed as on the 7-18-16 Notice. Requesting start turn-around time due to the special conditions of the residents.</b>				
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  UNIT
		Category I	Category II	
Pipes				Ln Ft:      Ln M:
Surface Area				Sq Ft:      Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3-13-17</b>		Complete: <b>3-13-17</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>3-13-17</b>		Complete: <b>3-13-17</b>		

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

Removal of 9x9 floor tile + mastic / Strip removal, Containment, 6mil bagging, Have bagging

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:  
Remove as much intact as possible, using a "Down/Water" solution to be kept continuously wet until job is complete to reduce the emission of airborne particles.

XII. WASTE TRANSPORTER #1

Southwest Environmental Group, Inc.

Name: Southwest Environmental Group, Inc.

Address: 296 B 2nd Ave

City: York

State: AL

Zip: 36925

Contact Person: Bertha Rodgers

Tel: (205) 352-9308

WASTE TRANSPORTER #2

Name:

Address:

N/A

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill (Neen)

Address: 520 Murphy Rd.

City: Meridian

State: MS

Zip: 39301

Tel: (205) 652-8151 Virginia Campbell

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

N/A

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

MDE will be notified immediately. That being done we will await their response and instructions

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.

Bertha Rodgers  
Type or Print Name

Bertha Rodgers  
(Signature of Owner/Operator)

3-9-17  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers  
Type or Print Name

Bertha Rodgers  
(Signature of Owner/Operator)

3-9-17  
(Date)