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): Revised

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Demolition

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Welby Richie Rehabilitation / Richton Home Dwellings

Address: 315 Lawson Ave 336 & 333 Walnut St.

City: Richton | State: MS | Zip: 39476

Site Location: Perry County | Tel: 601 964-1370 / Superintendent

Building Size: 18,900 (3 units @ approx 6300 ft) | # of Floors: 1 | Age in Years:

Present Use: Residential Use | Prior Use: Residential Use

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Mississippi Regional Housing Authority

Address: 10430 Three Rivers Road

City: Gulf Port | State: MS | Zip: 39505

Contact: Mr. Jim Butler | Tel: 228 248-1030

REMOVAL CONTRACTOR: Southeast Environmental Group, Inc.

Address: PO Box 433 / 296B 2nd Ave

City: Uvalda | State: AL | Zip: 36925

Contact: Johnny Rodgers | Tel: (205) 392-9308

OTHER OPERATOR:

Address:

City: | State: | Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No): Yes

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Floor tile + Mastic tested using Polarized Light Microscopy (PLM) using EPA Method 600/A-93-116

Inspector: Brian Ray / Safety Env. Laboratory & Consulting / NVLAP accredited Lab Code: 200873-0

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				LnFt:	Ln M:
Surface Area				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4-12-17 Complete: 5-20-17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-12-17 Complete: 5-20-17

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

Removal of floor tile & mastic/Strip & removal, Containment, double 6-Mil poly bagging glove bag Remove intact

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Areas to be removed will be thoroughly & continuously wetted with water-detergent mixture until all abatement is complete; to reduce the emission of any airborne particulates / Strip & Remove method.

XII. WASTE TRANSPORTER #1

Name: Southeast Environmental Group, Inc.		
Address: 2966 2nd Ave / PO Box 433		
City: Ozark	State: AL	Zip: 36925
Contact Person: Bertha Rodgers		Tel: 205 391-9308

WASTE TRANSPORTER #2

Name:		
Address: N/A		
City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill		
Address: 520 Murphy Rd		
City: Meridian	State: MS	Zip: 39301
Tel: (205) 652-8151 (Mrs. Virginia Campbell)		

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

Name:	Title:
Authority:	
Date of Order (MM/DD/YY): N/A	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: N/A	

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

MSEG will notified immediately if any unExpected ACM is discovered & will await 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) 4-10-17 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers (Type or Print Name) Bertha Rodgers (Signature of Owner/Operator) 4-10-17 (Date)