

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) O					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) DEMO					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: BATESVILLE MILLS					
Address					
City: BATESVILLE	State: MS	Zip:			
Site Location: 127 VAN VOIRIS ST		Tel:			
Building Size: 70,000	# of Floors: 1	Age in Years: 50			
Present Use: ABANDON	Prior Use: clothing MFG				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: CITY OF BATESVILLE					
Address: PO BOX 689					
City: BATESVILLE	State: MS	Zip: 38606			
Contact: BLAKE MENDROP		Tel: 601-899 5138			
REMOVAL CONTRACTOR DEMOLITION SPECIALIST LLC					
Address: 27 FIRST ST					
City: TAYLOR	State: MS	Zip: 38673			
Contact: ROSS BOATRIGHT		Tel: 662-236-1881			
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): PLM - Bulk samples					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes	640 LN	OTS 1			Ln Ft: Ln M:
Surface Area	24,380	FLOOR TILE			Sq Ft: Sq M:
Vol RACM Off Facility Component					Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/24/17			Complete: 5-3-17		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/24/17			Complete: 7-1-17		

RECEIVED
APR 10 2017
 Dept. of Environmental Quality

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

WET REMOVAL - GLOVE ~~BOX~~ ^{BOX} - WRAP METHODS

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Wet - system -

XII. WASTE TRANSPORTER #1

CONSTRUCTION WASTE Mgt

Name: CONSTRUCTION WASTE Mgt

Address: 17 - CR 418

City: OXFORD MS 38653 State: MS Zip: 38655

Contact Person: LEE MARQUESS Tel:

WASTE TRANSPORTER #2

Name: K + M TRANSPORTION

Address: CR 101

City: OXFORD MS State: MS Zip:

Contact Person: WILL SMITH Tel:

XIII. WASTE DISPOSAL SITE

Name: WASTE Mgt

Address:

City: TUNICA State: MS Zip:

Tel:

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

Name: CITY OF BATESVILLE Title:

Authority:

Date of Order (MM/DD/YY): 4-5-17 Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: NA

Date and Hour of Emergency (MM/DD/YY): NA

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:

Wet + Vacuum with HEPA Filter

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.

Ross Boatright (Type or Print Name) Ross Boatright (Signature of Owner/Operator) 4-6-17 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Ron Boatright (Type or Print Name) Ron Boatright (Signature of Owner/Operator) 4-6-17 (Date)