

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) R							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: NORTHLAND VILLAGE APARTMENTS							
Address 633 LACEY ST.							
City: GREENVILLE				State: MS		Zip:	
Site Location:						Tel:	
Building Size				# of Floors: 2		Age in Years: 30-40	
Present Use: APARTMENTS				Prior Use: APARTMENTS			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: NORTHLAND VILLAGE APARTMENTS							
Address:							
City:				State:		Zip:	
Contact:						Tel:	
REMOVAL CONTRACTOR SERVPRO OF MADISON							
Address: 1996 HWY 51							
City: MADISON				State: MS		Zip:	
Contact: JAKE SPAIN						Tel: 601-853-9161	
OTHER OPERATOR: GATEWAY							
Address: 730 AIRPORT RD STE. 1							
City: LAKEWOOD				State: NJ		Zip:	
Contact: DREW SCHWEITZER							
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): CYNTHIA LESURE - 2/9/2017							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			RACM To Be Removed		UNIT		
Pipes					Ln Ft:		Ln M:
Surface Area			6000		Sq Ft: 6000		Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/21/17 Complete: 4/23/2017							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/24/2017 Complete:							

RECEIVED

APR 10 2017

Dept. of Environmental Quality

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:

6 MIL. POLY.. with negative air machines wet method controls, intact removal

XII. WASTE TRANSPORTER #1 **republic services**

Name:

Address: **1035 old brandon rd**

City: **flowood**

State: **ms**

Zip:

Contact Person: **mike raley**

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **little dixie**

Address: **1716 E. county line rd**

City: **ridgeland**

State: **ms**

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:

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:

contact DEQ, and keep material contained and wet

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.

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

4/10/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

4/10/2017

(Date)