

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark 4/11/2017	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) D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Vacant Residence & out buildings					
Bldg. Name: Vacant Residence - adjacent to Hartfield Academy					
Address Luckney Rd @ Wirtz Rd (adjacent to 1240 Luckney Rd)					
City: Flowood	State: MS	Zip: 39232			
Site Location: Vacant Res / shed / shop		Tel: 601-992-5333			
Building Size 1,200	# of Floors: 1	Age in Years: 75			
Present Use: vacant		Prior Use: Residence			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Hartfield Academy					
Address: 1240 Luckney Rd					
City: Flowood	State: MS	Zip: 39232			
Contact: David Henderson		Tel: 601-992-5333			
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.					
Address: PO Box 15925					
City: Hattiesburg	State: MS	Zip: 39404			
Contact: William H. Stamps		Tel: 601-264-5550			
OTHER OPERATOR: Owner					
Address: same as abover					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) Yes - sheet vinyl (400 SF) - Window Glazing 20 each					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
James S. Yawn - 12/20/16 - PLM@ EHS - Flooring, mastic,					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed			
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		Indicate Unit of Measurement Below	
				UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area	400			Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/17/2017				Complete: 4/21/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/17/2017				Complete: 4/28/2017	

*James Yawn spoke w/ Adam
rec'd Approval on Dates*

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

Removal of ACM prior to demolition by owner

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

Containment will be established with poly critical barriers with negative air. All ACM will be wetted and manually removed. Waste will be placed in clear, labeled, poly bags and placed in properly lined container for disposal.

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services, Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI Little Dixie

Address: 1716 N. COUNTY LINE ROAD, .

City: JACKSON

State: MS

Zip: 39213

Tel: 601-982-9488

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:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

4/11/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

4/11/17

(Date)

RECEIVED
APR 13 2017
Dept. of Environmental Quality