71608

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

RECEIVED
APR 17 2017
Dept. of Environmental Quality

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)
			71608

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: Vicksburg Waste Water Treatment plant

Address: 4430 Rifle Range Road

City: Vicksburg	State: MS	Zip: 39180
Site Location: 4430 Rifle Range Rd.		Tel:
Building Size: 1900 Sq. Ft.	# of Floors: 1	Age in Years: 40 +
Present Use: Water Treatment plant office	Prior Use: Water Treatment plant office	

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

OWNER NAME: City of Vicksburg

Address: P.O. Box 150

City: Vicksburg	State: MS	Zip: 39180
Contact: Mark Engdahl Plant Manager		Tel: 601 618-1797

REMOVAL CONTRACTOR: Jimmy Bell

Address: P.O. Box 133

City: Delta City	State: MS	Zip: 39041
Contact: Jimmy Bell		Tel: 662 873-4551

OTHER OPERATOR: City of Vicksburg. Maintenence Dept.

Address: P.O. Box 150

City: Vicksburg	State: MS	Zip: 39180
Contact: Sammy Rainey		

V. IS ASBESTOS PRESENT? (Yes/No)

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): NO INSPECTION TAKEN, Contains Black mastic underneath Buckle Tile. Building Reasonly under Flood water

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: Category I	Nonfriable Asbestos Material Not To Be Removed: Category II	Indicate Unit of Measurement Below: UNIT	
Pipes			✓	LnFt:	Ln M:
Surface Area 1	Floortile/mastic	✓	Nonfriable	SqFt: 1200	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/18/17 Complete: 4/20/17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/22/17 Complete: 5/22/17

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Wet Method, NEG AIR, Air Monitoring, Air CLEARANCE

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Wet Method, Signs, Double bag, Air Monitoring, Lined Dumpster,

XII. WASTE TRANSPORTER #1

Name: Bell Environmental Services, LLC.

Address: P.O. Box 133

City: Delta City | State: MS | Zip: 39061

Contact Person: Jimmy Bell | Tel: 662 873-4551

WASTE TRANSPORTER #2 N/A

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 North County Line Rd.

City: Ridgeland, ~~MS~~ | State: MS | Zip: 39157

Tel: 601 982-9488

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

Name: | Title:

Authority:

Date of Order (MM/DD/YY): | Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: ✓ City of Vicksburg, MS

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

Description of the sudden unexpected event: Water Treatment Plant Reasonly Flooded

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: Plant needs repair to open

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:

Stop Work, Contact Owner And M.D.E.Q, Await M.D.E.Q. Desion

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.

James Gibson (Supervisor) — 4/14/17

Type or Print Name — (Signature of Owner/Operator) — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell (Contractor) — 4/14/17

Type or Print Name — (Signature of Owner/Operator) — (Date)