

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) <u>Revised</u>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>Demolition</u>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: <u>Wally Richie Rehabilitation / Richen Home Dwellings / Office</u>							
Address <u>203 Walnut St N. / East Side</u>							
City: <u>Richen</u>				State: <u>MS</u>		Zip: <u>39476</u>	
Site Location: <u>Perry County</u>				Tel: <u>601 964-1370 / Superintendent</u>			
Building Size <u>1248 sq. ft.</u>				# of Floors: <u>1</u>		Age in Years:	
Present Use: <u>Office use</u>				Prior Use: <u>Same</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>Mississippi Regional Housing Authority</u>							
Address: <u>10430 Three Rivers Rd.</u>							
City: <u>Gulfport</u>				State: <u>MS</u>		Zip: <u>39505</u>	
Contact: <u>Mr. Jim Butler</u>				Tel: <u>228 298-1030</u>			
REMOVAL CONTRACTOR <u>Southeast Environmental Group, Inc.</u>							
Address: <u>PO Box 433 / 2960 2nd Ave</u>							
City: <u>York</u>				State: <u>AL</u>		Zip: <u>36925</u>	
Contact: <u>Johnny Rodgers</u>				Tel: <u>205 499-6739</u>			
OTHER OPERATOR:							
Address:							
City:				State:		Zip:	
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No) <u>Yes</u>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include Inspector name and date of inspection): <u>Floor tile + matrix tested using polarized light microscopy (PLM)</u> <u>Inspector: Brian Ray / Safety Environmental Laboratory + Consulting</u>							
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 UNIT		
			Category I	Category II			
Pipes					Ln Ft:	Ln M:	
Surface Area					Sq Ft:	Sq M:	
Vol RACM Off Facility Component					Cu Ft:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>5-9-17</u>						Complete: <u>3-20-17</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>5-9-17</u>						Complete: <u>5-20-17</u>	

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

Removal of floor tile + mastic/Strip + removal method - Old bag 6-mil Strip + removal method

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 a water + saw mixture until abatement is complete; to reduce the emission of any airborne particles.

XII. WASTE TRANSPORTER #1

Southwest Environmental Grp., Inc.

Name:

Address: 2960 2nd Ave.

City: York

State: AL

Zip: 36925

Contact Person: Bertha Rodgers

Tel: 205 392-9308

WASTE TRANSPORTER #2

Name:

Address:

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):

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

MDSD will be immediately notified if any unexpected ACM is discovered and 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)

5-5-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers

Type or Print Name

Bertha Rodgers

(Signature of Owner/Operator)

5-5-17

(Date)