

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)						Revision	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)						Renovation	
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)						Shubuta Town Hall	
Bldg. Name:		Shubuta Town Hall					
Address		178 Eucutta Road					
City: Shubuta		State: MS		Zip: 39360			
Site Location: Shubuta Town Hall				Tel: 601-687-1536			
Building Size Unknown		# of Floors: 2		Age in Years: 25+			
Present Use: Commercial		Prior Use: Commercial					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME:		Shubuta					
Address:		178 Eucutta Road					
City: Shubuta		State: MS		Zip: 39360			
Contact: Unknown				Tel: N/A			
REMOVAL CONTRACTOR		M and M Services, Inc.					
Address:		Post Office Box 68431					
City: Jackson		State: MS		Zip: 39286			
Contact: Dale McGuffie				Tel: 601-982-8695			
OTHER OPERATOR:		N/A					
Address:		N/A					
City: N/A		State: N/A		Zip: N/A			
Contact:		N/A					
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):							
Yes							
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			Category I	Category II	UNIT		
Pipes	Floor Tile / Mastic				LnFt:	Ln M:	
Surface Area	Floor Tile / Mastic		~2,060		SqFt:	Sq M:	
Vol RACM Off Facility Component					CuFt:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				5/17/17		Complete: 5/30/17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:			

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

Renovation of the Shubuta Town Hall

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

Each work areal be contained in plastic and put under negative pressure to prevent exposure outside the work area. Workers will don proper protective clothing and respiratory protection.

XII. WASTE TRANSPORTER #1

M and M Services, Inc.

Name:

M and M Services, Inc.

Address:

Post Office Box 68431

City:

Jackson

State:

MS

Zip:

39286

Contact Person:

Dale McGuffie

Tel:

601-982-8695

WASTE TRANSPORTER #2

N/A

Name:

N/A

Address:

N/A

City:

N/A

State:

N/A

Zip:

N/A

Contact Person:

N/A

Tel:

N/A

XIII. WASTE DISPOSAL SITE

Pine Ridge Landfill

Name:

Pine Ridge Landfill

Address:

520 Murphy Road

City:

Meridian

State:

MS

Zip:

39301

Tel:

601-483-0715

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

Name:

N/A

Title:

N/A

Authority:

N/A

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):

May 12, 2017

Description of the sudden unexpected event: Roof leak has caused the material to become friable causing an unsafe worker environment.

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

Roof leak has caused the material to become friable causing an unsafe worker environment.

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Cease operations and notify MDEQ.

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.

Dale McGuffie

Type or Print Name

(Signature of Owner/Operator)

5/16/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie

Type or Print Name

(Signature of Owner/Operator)

5/16/2017

(Date)