

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORMMail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark faxed 5/18	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovallon E=Emer. Renovation) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Old Robinson Tire					
Bldg. Name: Old Robinson Tire					
Address 435 N. Main St					
City: Laurel	State: MS	Zip: 39440			
Site Location: Flooring Abatement			Tel:		
Building Size 19,000	# of Floors: 2	Age in Years: 100			
Present Use: Vacant		Prior Use: Tire store			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Will Rice					
Address: 435 N. Magnolia					
City: Laurel	State: MS	Zip: 39440			
Contact: Will Rice			Tel: 205-215-6151		
REMOVAL CONTRACTOR Specialty Ahatement 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 above					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) Yes - Floor tile and mastic					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Jack E.B. Rader - PLM - Mud , mortar , ceiling, roofing, wall paper, pipe cover, VAT& M					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	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		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area	1,900			Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/2017				Complete: 5/24/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/22/2017				Complete: 5/30/2017	

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

Removal of ACM flooring

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: Pine Belt Regional Landfill

Address: Hwy 29 N.

City: Runnelstown

State: MS

Zip: 39465

Tel: 601-545-6676

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)

5/18/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

5/18/17

(Date)