

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>O</u>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>D</u>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <u>*</u>							
Bldg. Name: <u>Residence Home</u>							
Address <u>105 MILLER AVE</u>							
City: <u>SIDON</u>				State: <u>MS</u>		Zip:	
Site Location:						Tel:	
Building Size <u>800 SF</u>				# of Floors: <u>1</u>		Age in Years: <u>20</u>	
Present Use: <u>VACANT</u>				Prior Use: <u>Family Home</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>PANSY CARR</u>							
Address: <u>105 MILLER AVE</u>							
City: <u>SIDON</u>				State: <u>MS</u>		Zip:	
Contact:						Tel:	
REMOVAL CONTRACTOR <u>AIA BUILDERS LLC</u>							
Address: <u>701 BOWIE LANE</u>							
City: <u>Greenwood</u>				State: <u>MS</u>		Zip: <u>38930</u>	
Contact: <u>662 299-2510</u>				Tel:			
OTHER OPERATOR: <u>SAME</u>							
Address:							
City: <u>S.</u>				State:		Zip:	
Contact:							
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): <u>Alfred L MARTIN - EMP</u>							
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	<u>Ft-CT</u>				Sq Ft: <u>500</u>	Sq M:	
Vol RACM Off Facility Component					Cu Ft:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>June 2nd</u>					Complete: <u>June 7th</u>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>June 8th</u>					Complete: <u>June 10th</u>		

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

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

WET METHOD / Double bagging Proper PPE

XII. WASTE TRANSPORTER #1

Name: PIA Builders LLC

Address: 701 Bowie Lane

City: Greenwood, MS 38930

State: MS

Zip: 38930

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: LeFlore County Land Fill

Address: 15200 Highway 49 S

City: SIDON

State: MS

Zip:

Tel:

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:

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)