

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) 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: Osceola McLarty Dev. Ctr			
Address: 607 McSwain			
City: Hattiesburg,	State: MS	Zip: 39401	
Site Location:		Tel:	
Building Size: 7,500 sq ft	# of Floors: 1	Age in Years: 40+	
Present Use: Center	Prior Use:		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: SAME			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
REMOVAL CONTRACTOR EMP			
Address: PO Box 9361			
City: Jackson	State: MS	Zip: 39286	
Contact:		Tel:	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
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): PLM Alfred Martin, Jr ABI-1570 4/2018			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
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	
		Indicate Unit of Measurement Below	
		UNIT	
Pipes		Ln Ft:	Ln M:
Surface Area Floor Tile Masth		Sq Ft: Approx 6,000	Sq M:
Vol RACM Off Facility Component		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/8/17		Complete: 7/14/17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

RECEIVED
JUN 30 2017
Dept. of Environmental Quality

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

Wet Removal w/ manual Tools

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

Wet Removal w/ manual Tools

XII. WASTE TRANSPORTER #1

Name:

EMP

Address:

PO Box 9361

City:

Jackson

State:

MS

Zip:

39286

Contact Person:

Al Martin

Tel:

601 922-1919

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Little Dixie

Address:

County Line Rd

City:

Madison

State:

Zip:

39157

Tel:

601 982-9488

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:

Work Sampled

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.

Alfred Martin

Alfred Martin

6/28/17

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred Martin

Alfred Martin

6/28/17

Type or Print Name

(Signature of Owner/Operator)

(Date)