

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

Operator Project #	Postmark 7/5/17 faxed	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Old Arthur's Store Building</b>					
Bldg. Name: <b>Old Arthur's Store Building</b>					
Address <b>313 Central Ave</b>					
City: <b>Laurel</b>	State: <b>MS</b>	Zip: <b>39440</b>			
Site Location: <b>Flooring Abatement</b>		Tel:			
Building Size <b>5,000</b>	# of Floors: <b>2</b>	Age in Years: <b>100</b>			
Present Use: <b>Vacant</b>	Prior Use: <b>Retail Store</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Amy Luker</b>					
Address: <b>313 Central Ave</b>					
City: <b>Laurel</b>	State: <b>MS</b>	Zip: <b>39440</b>			
Contact: <b>Amy Luker</b>	Tel: <b>832-326-0534</b>				
REMOVAL CONTRACTOR <b>Specialty Abatement Services, Inc.</b>					
Address: <b>PO Box 15925</b>					
City: <b>Hattiesburg</b>	State: <b>MS</b>	Zip: <b>39404</b>			
Contact: <b>William H. Stamps</b>	Tel: <b>601-264-5550</b>				
OTHER OPERATOR: <b>Norman Construction Co.</b>					
Address: <b>788 Richburg Rd.</b>					
City: <b>Hattiesburg,</b>	State: <b>MS</b>	Zip: <b>39402</b>			
Contact: <b>Mr. Cliff Norman</b>					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes - Floor tile</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>Anthony Bryant 6/14/17 - PLM - , VAT&amp; M, sheet vinyl, plaster , ceiling tiles, caulk , window putty, mastics</b>					
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	2,800			Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>7/10/2017</b>				Complete: <b>7/14/2017</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>7/10/2017</b>				Complete: <b>12/30/2017</b>	

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) 7/5/17 (Date)		
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Anthony Bryant Type or Print Name (Signature of Owner/Operator) 7/5/17 (Date)		