

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) MDOT Foxworth Project Office							
Bldg. Name: MDOT Foxworth Project Office							
Address: # 25 Foxworth Service Rd.							
City: Foxworth				State: MS		Zip: 39483	
Site Location:				Tel: 601-736-4616			
Building Size: 1,826 sf				# of Floors: 1		Age in Years: 35 years old	
Present Use: Will be storage space				Prior Use: offices			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Mississippi Transportation Commission							
Address: P.O. Box 1850							
City: Jackson				State: MS		Zip: 39215-1850	
Contact: Betina Latiker				Tel: 601-359-4850 9835			
REMOVAL CONTRACTOR Abatement Contractors of MS							
Address: 761 Weathersby Rd							
City: Hattiesburg				State: MS		Zip: 39402	
Contact: Charles Anderson				Tel: 601 270 8179			
OTHER OPERATOR:							
Address:							
City:				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):							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:							
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
			Category I	Category II			
Pipes					Ln Ft:	Ln M:	
Surface Area Tile/mastic 1500 sf					Sq Ft: 1500	Sq M:	
Vol RACM Off Facility Component					Cu Ft:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-19-17						Complete: 7-24-17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:						Complete:	

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Dept. of Environmental Quality

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

Removal of floor tile & mastic

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

Partial containment, wet, bag,

XII. WASTE TRANSPORTER #1

Name: ACM (Removal Contractor)

Address: 761 Weathersby Rd

City: Hattiesburg

State: MS

Zip: 39402

Contact Person: Charles Ashman

Tel: 601 2708179

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Central landfill

Address:

City: McNeill

State: MS

Zip:

Tel: 601 795 2500

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:

Stop work

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 81, SUBPART M) WILL BE ON-SITE 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.

Charles Ashman

Type or Print Name

(Signature of Owner/Operator)

7-1-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles Ashman

Type or Print Name

(Signature of Owner/Operator)

7-1-17

(Date)