

# 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) <b>O</b>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name:				Old Washington Project Office			
Address				6 Old Courthouse Road			
City:		Natchez		State:		MS	
Zip:		39120		Tel:		601-446-7358	
Site Location:				6 Old Courthouse Road, Natchez, MS			
Building Size		5,130		# of Floors:		1	
Age in Years:		25+		Present Use:		Commercial	
Prior Use:		Commercial		IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Mississippi Department of Transportation							
Address: Post Office Box 1850							
City:		Jackson		State:		MS	
Zip:		39215		Tel:		601-359-7563	
Contact: Blane Jackson							
REMOVAL CONTRACTOR M and M Services, Inc.							
Address: Post Office Box 68431							
City:		Jackson		State:		MS	
Zip:		39286		Tel:		601-982-8695	
Contact: Dale McGuffie							
OTHER OPERATOR: N/A							
Address: N/A							
City:		N/A		State:		N/A	
Zip:		N/A		Contact:		N/A	
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, Martin A. Cooke (ABI-00002227)							
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				Category I		Category II	
2. Category I ACM Not Removed						UNIT	
3. Category II ACM Not Removed							
Pipes						Ln Ft: Ln M:	
Surface Area <b>FT &amp; Mastic</b>				3808		Sq Ft: XX Sq M:	
Vol RACM Off Facility Component						Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				8/7/2017		Complete: 12/31/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				8/7/2017		Complete: 12/31/2017	

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

Remove asbestos floor tile, mastic and window glaze, then demolish structure

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

Each work area will be contained in plastic and put under negative pressure to prevent exposure outside the work area. Workers will don proper protective clothing and respiratory protection.

## XII. WASTE TRANSPORTER #1

M and M Services, Inc.

Name:

M and M Services, Inc.

Address:

Post Office Box 68431

City:

Jackson

State:

MS

Zip:

39286

Contact Person:

Dale McGuffie

Tel:

601-982-8695

## WASTE TRANSPORTER #2

N/A

Name:

N/A

Address:

N/A

City:

N/A

State:

N/A

Zip:

N/A

Contact Person:

N/A

Tel:

N/A

## XIII. WASTE DISPOSAL SITE

Name:

Plantation Oaks Landfill

Address:

35 Shieldsboro Road

City:

Sibley

State:

MS

Zip:

39165

Tel:

601-445-8459

## XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

N/A

Title:

N/A

Authority:

N/A

Date of Order (MM/DD/YY):

N/A

Date Ordered to Begin (MM/DD/YY):

N/A

## XV. FOR EMERGENCY RENOVATIONS:

N/A

Date and Hour of Emergency (MM/DD/YY):

N/A

Description of the sudden unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

## 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:

cease operations and notify MDEQ.

## 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.

Dale McGuffie, President

Type or Print Name

(Signature of Owner/Operator)

7/14/2017

(Date)

## XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie, President

Type or Print Name

(Signature of Owner/Operator)

7/14/2017

(Date)