

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)			R		
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)			D		
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Former Tyner Law Office					
Address: 5750 I-55 North					
City: Jackson	State: MS	Zip: 39211			
Site Location: 5750 I-55 North, Jackson			Tel:		
Building Size: 9,000	# of Floors: 3	Age in Years: 25+			
Present Use: Commercial	Prior Use: Commercial				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: KMS Investments, LLC					
Address: 5728 I-55 North					
City: Jackson	State: MS	Zip: 39211			
Contact: Phil Moore	Tel: 601-956-0150				
REMOVAL CONTRACTOR: M and M Services, Inc.					
Address: Post Office Box 68431					
City: Jackson	State: MS	Zip: 39286			
Contact: Dale McGuffie	Tel: 601-982-8695				
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): <div style="text-align: center; font-size: 1.2em;">Chuck Womack</div>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> 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 Floor tile & Mastic		1000		Sq Ft: XX	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		8/2/2017		Complete: 12/31/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		8/2/2017		Complete: 12/31/2017	

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

Remove asbestos floor tile and mastic, 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: Little Dixie Landfill

Address: 1761 County Line Road

City: Ridgeland State: MS Zip: 39157

Tel: 601-982-9488

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)

7/31/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie, President

Type or Print Name

(Signature of Owner/Operator)

7/31/2017

(Date)