

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)						D	
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Christian Center							
Address 1701 North State Street							
City: Jackson		State: MS		Zip: 39202			
Site Location: 1701 North State Street				Tel: 601-974-1000			
Building Size ~25,000		# of Floors: 2		Age in Years: 25+			
Present Use: Commercial		Prior Use:		Commercial			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Millsaps College							
Address: 1701 North State Street							
City: Jackson		State: MS		Zip: 39202			
Contact:				Tel:			
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):							
W. Hal Moore							
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		28606				Ln Ft: Ln M:	
Surface Area		4325				Sq Ft: XX Sq M:	
Vol RACM Off Facility Component						Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				8/11/2017		Complete: 12/31/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				8/11/2017		Complete: 12/31/2017	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Remove asbestos containing building materials.				
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 <div>M and M Services, Inc.</div>				
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 <div>N/A</div>				
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 <div>Little Dixie Landfill</div>				
Name: 1761 County Line Road				
Address: 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		N/A		
Date of Order (MM/DD/YY): N/A		Date Ordered to Begin (MM/DD/YY):		N/A
XV. FOR EMERGENCY RENOVATIONS:				
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 ASTESTOS 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 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. <div>Dale McGuffie, President</div> <div>7/28/2017</div> <div>(Date)</div>				
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT <div>Dale McGuffie, President</div> <div>7/28/2017</div> <div>(Date)</div>				
Type or Print Name (Signature of Owner/Operator)				