

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) R			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Office Bldg			
Bldg. Name: None			
Address : 5138 Main Street			
City: Lucedale	State: MS	Zip: 39452	
Site Location: 5138 Main Street		Tel: 251-379-7349	
Building Size 4000sf	# of Floors: 1	Age in Years: 50	
Present Use: Office	Prior Use: Office		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Matt & Misty Mizell			
Address: 8153 HWY 57 N			
City: McClain	State: MS	Zip: 39456	
Contact: Greg Mizell		Tel: 251-379-7349	
REMOVAL CONTRACTOR : Anderson Environmetal			
Address: P.O. Box 16891			
City: Jackson	State: MS	Zip: 39236	
Contact: Daryl Anderson		Tel: 601-940-4644	
OTHER OPERATOR: Not determined yet			
Address:			
City:	State:	Zip:	
Contact:			
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):			
9x9 floor tile presumed asbestos containing			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			Ln Ft: Ln M:
Surface Area	Floor tile-mastic		Sq Ft: 3000 Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8-14-17		Complete: 8-28-17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8-30-17		Complete: 12-30-17	

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AUG 02 2017

Dept. of Environmental Quality

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

Renovation done for upgrades to building

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

Abatement will be done in full containment, under negative pressure, using wet methods.

XII. WASTE TRANSPORTER #1

Name: Anderson Environmental

Address: P.O. Box 16891

City: Jackson

State: MS

Zip: 39236

Contact Person: Daryl Anderson

Tel: 601-940-4644

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Macland Landfill

Address: 11300 MS-63

City: Moss Point

State: MS

Zip: 39562

Tel: (228) 475-9750

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Halt all work and notify the proper authority.

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.

Daryl Anderson

Type or Print Name

(Signature of Owner/Operator)

8-02-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

Type or Print Name

(Signature of Owner/Operator)

8-02-17

(Date)