

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) Original								
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation								
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) US Coast Guard Bldg								
Bldg. Name: US Coast Guard								
Address: 225 Coast Guard Road								
City: Vicksburg		State: Miss		Zip: 39180				
Site Location: 225 Coast Guard Road						Tel:		
Building Size: ~ 4000 Sq. Ft.		# of Floors: 1		Age in Years: 40				
Present Use: Office / living quarters		Prior Use: Same						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)								
OWNER NAME: Carters Contracting Services, Inc.								
Address: 23263 Harmony Church Road								
City: Andalusia		State: Alabama		Zip: 36421				
Contact: Mr. Don Brooks				Tel: 251 752 2058				
REMOVAL CONTRACTOR: Environmental Services, LLC								
Address: 253 Delk Road								
City: Hattiesburg		State: Miss		Zip: 39401				
Contact: Joe Venus				Tel: 601 408 1005				
OTHER OPERATOR:								
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): PLM Warren Guider 7/10/17 Inspection # ABI-00001786								
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			RACM To Be Removed		Category I		Category II	
							UNIT	
Pipes							Ln Ft: Ln M:	
Surface Area					oor tile/masti		Sq Ft: 2752 Sq M:	
Vol RACM Off Facility Component							Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/14/17					Complete: 8/29/17			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/30/17					Complete: 11/12/17			

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AUG - 3 2017
Dept. of Environmental Quality

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

wet method, double bagging

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

wet method

XII. WASTE TRANSPORTER #1 Waste Management

Name: WaSTE MGT

Address: Highway 61 South

City: Vicksburg

State: Miss

Zip: 39180

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE LITTLE DIXIE LANDFILL

Name:

Address: WEST County Line Road

City: Ridgeland

State: Miss

Zip: 39157

Tel:

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: Stop work, contact MDEQ ASAP

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:

Keep wet, 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.

Don Brooks

Type or Print Name

(Signature of Owner/Operator)

8/1/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Don Brooks

Type or Print Name

(Signature of Owner/Operator)

8/1/17

(Date)