

RECEIVED
AUG - 4 2017

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) <u>Original</u>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>Demo (1400 Sq. Ft.)</u>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <u>McComb Flooring and Garden Club</u>			
Address: <u>301 West Michigan Street</u>			
City: <u>McComb</u>	State: <u>MS</u>	Zip: <u>39649</u>	
Site Location: <u>Pike County</u>		Tel: <u>(256) 738-0356</u>	
Building Size: <u>20,000 Sq. Ft.</u>	# of Floors: <u>1</u>	Age in Years: <u>59 years</u>	
Present Use: <u>meetings for seniors</u>	Prior Use: <u>same</u>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) <u>currently closed + cannot be used until renovations are complete</u>			
OWNER NAME: <u>Community of Organization / McComb, MS 36949</u>			
Address: <u>306 West Michigan Ave</u>			
City: <u>McComb</u>	State: <u>MS</u>	Zip: <u>39648</u>	
Contact: <u>Mrs. Carol Bryant</u>		Tel: <u>256 738-0356</u>	
REMOVAL CONTRACTOR <u>Southeast Environmental Group, Inc.</u>			
Address: <u>P O Box 433</u>			
City: <u>York</u>	State: <u>AL</u>	Zip: <u>36925</u>	
Contact: <u>Johany Rodgers</u>		Tel: <u>(205) 392-9308</u>	
OTHER OPERATOR:			
Address: <u>N/A</u>			
City:	State:	Zip:	
Contact:			
V. IS ASBESTOS PRESENT? (Yes/No) <u>Yes** (Assumed) **</u>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>ASSumed</u>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed <u>1400 Sq. Ft.</u>		RACM To Be Removed	
2. Category I ACM Not Removed		Category I	Category II
3. Category II ACM Not Removed		UNIT	
Pipes		Ln Ft:	Ln M:
Surface Area		Sq Ft:	Sq M:
Vol RACM Off Facility Component		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>8-11-17</u>		Complete: <u>8-13-17</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>8-11-17</u>		Complete: <u>8-13-17</u>	

** See explanation attached

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

Removal of floor tile + mastic/strip + Removal Containment - Bldg is currently

unoccupied.

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

Areas to be removed will be thoroughly wetted + kept wet with a fine water/detergent solution. All materials will be removed intact as humanly possible until all areas are abated to reduce the emission of any airborne particles.

XII. WASTE TRANSPORTER #1

Southeast Environmental Group, Inc.

Name:

Address: PO Box 433 / 296B 2ND Ave.

City: York

State: AL

Zip: 36925

Contact Person: Bertha Rodgers

Tel: (205) 392-9308 / 205 499-5350

WASTE TRANSPORTER #2

Name:

N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill

Address: 520 Murphy Rd

City: Meridian

State: MS

Zip: 39301

Tel: 205 652-8151 / Mrs. Virgilene Campbell

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

Name: Steve Cox

Title: Architect

Authority: City of McCumb

Date of Order (MM/DD/YY): 5-8-17

Date Ordered to Begin (MM/DD/YY): 5-8-17

Note to Proceed

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:

There are Seven (7) buildings to be renovated. This bldg is the first

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

MADCO officials will be notified immediately of any unforeseen ACM

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.

Bertha Rodgers

Type or Print Name

Bertha Rodgers

(Signature of Owner/Operator)

8-2-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Bertha Rodgers

Type or Print Name

Bertha Rodgers

(Signature of Owner/Operator)

8-2-17

(Date)