

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) Houses							
Bldg. Name: 123 and 205 Holley							
Address same							
City: Petal			State: MS		Zip: 39465		
Site Location: 123 and 205 Holley Dr						Tel: 601 270 7067	
Building Size 1,200 and 2,000 sf			# of Floors: 1		Age in Years: >20		
Present Use: Houses			Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Hattiesburg Clinic							
Address: 415 S 28th Avenue							
City: Hattiesburg			State: MS		Zip: 39402		
Contact: Terry Purvis			Tel: 601 270 7067				
REMOVAL CONTRACTOR Environmental Services LLC							
Address: 253 Delk Road							
City: Hattiesburg			State: MS		Zip: 39401		
Contact: Joe Venus			Tel: 601 408 1005				
OTHER OPERATOR: N/A							
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):							
Remove tile sheetrock and flooring using wet method							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
			Category I	Category II			
1. Regulated ACM to be Removed							
2. Category I ACM Not Removed							
3. Category II ACM Not Removed							
Pipes					LnFt:	Ln M:	
Surface Area					SqFt:	Sq M:	
Vol RACM Off Facility Component		3500 sf			CuFt:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/14/17				Complete: 9/20/17			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A				Complete:			

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SEP - 6 2017
Dept. of Environmental Quality

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

N/A

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

N/A

XII. WASTE TRANSPORTER #1

Enviro

Name: Enviro

Address: Nihi Road

City: Ellisville

State: MS

Zip: 39441

Contact Person: John

Tel: 601 477 8668

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: PBRWA

Address: 5274 Hwy 29 S

City: Ovet

State: MS

Zip: 39464

Tel: 601 545 2121

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

Name: N/A

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work call DEQ

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.

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

8/28/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

8/28/17

(Date)