

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark 9/7/2017	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) Vacant Residence					
Bldg. Name: Vacant Residence					
Address 408 S. George St.					
City: Petal	State: MS	Zip: 39465			
Site Location: Residence		Tel:			
Building Size 1,600	# of Floors: 1	Age in Years: 75			
Present Use: Vacant		Prior Use: Vacant			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Brad Baggett					
Address: 123 S. George St.					
City: Petal	State: MS	Zip: 39465			
Contact: Brad Baggett		Tel: 601-270-4590			
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.					
Address: PO Box 15925					
City: Hattiesburg	State: MS	Zip: 39404			
Contact: William H. Stamps		Tel: 601-264-5550			
OTHER OPERATOR: Petal Fire Department					
Address: 102 Fairchild Dr					
City: Petal	State: MS	Zip: 39564			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) Yes - Transite Siding					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
Anthony Bryant - 8/9/2017- A PLM@ EHS - Flooring, mastic, drywall, Textured Ceilings, window putty, ceiling tile					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed			
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below			
		Category I	Category II		
Pipes	RACM To Be Removed			Ln Ft:	Ln M:
Surface Area		1,600		Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/21/2017					
Complete: 9/30/2017					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/21/2017					
Complete: 11/30/2017					

RECEIVED
SEP 11 2017
Dept. of Environmental Quality

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

Removal of ACM prior to training burn by Petal fire department

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

All ACM will be wetted and manually removed. Waste will be placed in clear, labeled, poly bags and placed in properly lined container for disposal.

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services, Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Landfill

Address: Hwy 29 N.

City: Runnelstown

State: MS

Zip: 39465

Tel: 601-545-6676

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:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

9/7/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

9/7/17

(Date)