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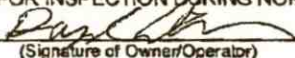

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SEP 12 2017

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) 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)				
Bldg. Name: Office bldg				
Address 5420 I-55 N				
City: Jackson	State: MS	Zip: 39211		
Site Location: 5420 I-55 N		Tel: 601-953-4140		
Building Size: approx. 5000sf	# of Floors: 1	Age in Years: 40		
Present Use: Office	Prior Use: Office			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Matthew F. Harkey				
Address: 5436 I55 North Frontage Road				
City: Jackson	State: MS	Zip: 39211		
Contact: Matt Harky		Tel: 601-953-4140		
REMOVAL CONTRACTOR Anderson Environmental Services				
Address: P.O. Box 16891				
City: Jackson	State: MS	Zip: 39236		
Contact: Daryl Anderson		Tel: 601-940-4644		
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 method, Inspector Joe Drapala Cert#: ABI-00003042, expiration date 7-24-8 Date 8-15-17				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	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		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area	1634			Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-22-17		Complete: 9-30-17		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-23-17		Complete: 12-30-17		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Renovation of office space		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: All work will be inside of containment, all materials kept wet and regulated material removed under negative pressure.		
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: Allied Waste Little Dixie Landfill		
Address: 1716 E County Line Rd, Ridgeland, MS 39157		
City: Ridgeland,	State: MS	Zip: 39157
Tel: (601) 982-9488		
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: See attached letter:		
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:		
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		9-11-17
Type or Print Name	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Daryl Anderson		9-11-17
Type or Print Name	(Signature of Owner/Operator)	(Date)