

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

SEP 13 2017

Operator Project #		Postmark		Date Received (MDEQ use only)		Notification # (MDEQ use only)	
DEQ-OPC							
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>Renovation</u>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <u>Malout Construction Storage</u>							
Bldg. Name: <u>Malout Construction</u>							
Address <u>972 County Road 473</u>							
City: <u>Sidon</u>		State: <u>MS</u>		Zip: <u>38954</u>			
Site Location: <u>972 County Road 473</u>				Tel: <u>662 455-6111</u>			
Building Size <u>1200 sq ft</u>		# of Floors: <u>1</u>		Age in Years: <u>50+</u>			
Present Use: <u>Storage for files</u>		Prior Use: <u>office</u>					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>Malout Construction LLC</u>							
Address: <u>P O Box 1177</u>							
City: <u>Greenwood</u>		State: <u>MS</u>		Zip: <u>38935</u>			
Contact: <u>Taylor Thach</u>				Tel: <u>662-897-1700</u>			
REMOVAL CONTRACTOR							
Address: <u>547 East OHERA Street</u>							
City: <u>Greenville</u>		State: <u>MS</u>		Zip: <u>38701</u>			
Contact: <u>Charles Lesur</u>				Tel: <u>662-820-9595</u>			
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No) <u>Yes</u>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>Pipe insulation, window caulking PLM per the EPA 600 method</u> <u>Cynthia D. Lesur 6/15/17 date of inspection</u>							
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 <u>Window caulking</u> <u>Pipe wrapping</u>		Category I      Category II      UNIT	
Pipes						Ln Ft: <u>12</u>	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>9/20/17</u>						Complete: <u>9/22/17</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:						Complete:	

Windows will be removed intact

Pipe wrapping will be removed intact



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

Wet method, double bagging, remove intact

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

Wet asbestos and remove

XII. WASTE TRANSPORTER #1

Name: Lesure Demolition

Address: 547 East OHEA Street

City: Greenville

State: MS

Zip: 38701

Contact Person: Charles Lesure

Tel: 662 820 9595

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI Big River Landfill

Address: Hwy 82 E. Landfill Road

City: Leland

State: MS

Zip: 38756

Tel: 662 332-7927

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work and contact EPA-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.

Charles Lesure

Type or Print Name

Charles Lesure

(Signature of Owner/Operator)

9/5/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles Lesure

Type or Print Name

Charles Lesure

(Signature of Owner/Operator)

9/5/17

(Date)