

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 | | | | | | SEP 21 2017 | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D | | | | | | DEQ-OPC | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Dorm / 2 Town Homes | | | | | | | |
| Bldg. Name: Pink Dormitory Building (Johnson Hall) 2 Town Homes | | | | | | | |
| Address 1032 HWY 50 West | | | | | | | |
| City: West Point | | State: MS | | Zip: 39773 | | | |
| Site Location: Pink Dorm | | | | Tel: 662-524-4347 | | | |
| Building Size ~ 15,000 sf / ~ 10,000sf | | # of Floors: 3 / 2 | | Age in Years: 30 + | | | |
| Present Use: Abandoned - Un-occupied | | Prior Use: Dormitory / Resident | | | | | |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | | | | | |
| OWNER NAME: Community Counselling Services | | | | | | | |
| Address: 1032 StateHwy 50 West | | | | | | | |
| City: West Point | | State: MS | | Zip: 39773 | | | |
| Contact: Richard Duggans | | | | Tel: 662-347-4993 | | | |
| REMOVAL CONTRACTOR Environmental Abatement, Inc. (EAI) | | | | | | | |
| Address: 340 Rockland Road | | | | | | | |
| City: Hendersonville | | State: TN | | Zip: 37075 | | | |
| Contact: Scott Klaus | | | | Tel: 615-815-6361 | | | |
| OTHER OPERATOR: EAI Demolition | | | | | | | |
| Address: 340 Rockland Road | | | | | | | |
| City: Hendersonville | | State: TN | | Zip: 37075 | | | |
| Contact: Scott Klaus | | | | | | | |
| 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 | | | | | | | |
| 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 | | 60 LF | | Black Tar 800 | Ln Ft: | Ln M: | |
| Surface Area | | Spray applied 12,00 sf | Floor Tile 12,500 sf | Caulk 50 ea. | Sq Ft: | Sq M: | |
| Vol RACM Off Facility Component | | | | Roof Flashing 550 LF | Cu Ft: | Cu M: | |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/29/17 | | | | Complete: 9/30/17 | | | |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/25/17 | | | | Complete: 11/17/17 | | | |

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

Remove Wet / Environmental Controls

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

Airless / Neg-air machines / Proper PPE / Fire Hose connected to fire hydrant/

XII. WASTE TRANSPORTER #1

Name: Waste Pro of MS, Inc.

Address: 1600 12th Avenue South

City: Columbus

State: MS

Zip: 39701

Contact Person: Julie

Tel: 662-328-5528

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Kemper County Landfill Company, LLC

Address: 21211 Hwy 16 East

City: Dekalb

State: MS

Zip: 39328

Tel: 601-743-4310

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):

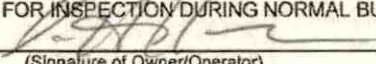
Description of the sudden unexpected event:

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:

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.

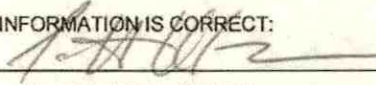
Scott Klaus
Type or Print Name


(Signature of Owner/Operator)

9/21/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Scott Klaus
Type or Print Name


(Signature of Owner/Operator)

9/21/17
(Date)