MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM: 7 2017

Mail notification to:	MDEQ Asi	estos Section, 515	E. Amite Stree	t, Jackson, MS 39	COLUMN TO THE OWNER WHEN THE PARTY OF THE PA			
Operator Project #	Postmark		Date Received	(MDEQ use only)	Notification #	OWNER Eseronia	ntal Qualit	
Type of Notification (O=Original R=Revised C=Canceled A= Annual)								
II. TYPE OF OPERATION (D=Demo 0= Ordered Demo R=Renovation E=Emer. Renovation)								
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)								
Bldg. Name:								
Address 335 SW	DepotS	+ ,						
city: Ourant	State: M5		Zip: 39063					
Site Location: Same			те: 601-405-9296					
Building Size (0500 59	# of Floors: Age		Age in Years:	Age in Years: 100 +				
Present Use: NONE Prior I			so: Furniture Store					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)								
Johns Dital rd								
OWNER NAME: JOHNOU Address: 560 Cec	dar St.	(U.C)						
\wedge	MA SI	State: A	N5	zip: 39063	3			
D:14			'' <u>'</u>	1105 0201				
ALLO CILITATION IN								
REMOVAL CONTRACTOR Address: P0 60 163	/ VVI C	VIET ALS	×	Kinseni	RUCEU			
D+1 M6 M6 20115								
1/2001 Decale			/ VI	Tel: 1001-520-4430				
OTHER OPERATOR: PEASSON ENV. SULS								
2042 - 000 8 - 1								
Page				Zip: 39272				
Oly Ola A Z								
V. IS ASBESTOS PRESENT? (CE/No) VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL								
Chris Pearso		V DI Mai	NVI-AD	tal e.	L 1 2	7		
VII. APPROXIMATE AMOUNT OF A		IN TUIN	Nonfi		ot. 1 20	316		
INCLUDING:			Asbestos Material Not		Indicate Unit of			
Regulated ACM to be Rem	noved	RACM To Be	To Be Removed		Measurement Below			
		Removed	Category I	Category II		JNIT		
o. Galagary II rom not hair	0,000		Category	Oatogory II				
Pipes					LnFt	Ln M:		
Surface Area	919	Floortile			SqFt , soo	Sq M:		
Vol RACM Off Facility Component					CuFt:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: \D/9/17 Complete: \D/9/17								
IX. SCHEDULED DATES DEMO/RE	NOVATION (MM	/DD/YY) Start:	11/9	117	Complete:	2/9/17	10	
						1		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	ATION WORK, AND METHO	DD(S) TO BE USED:						
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEER DEMOLITION OR RENOVATION SITE:	ING CONTROLS TO BE US	ED TO PREVENT EMISSIONS OF ASBESTOS AT THE						
Amended water, containment	A, neg ai	r .						
D. G. C								
Name: Pearson Enu.								
Address: 2040 tox (u, t.		02220						
city: Byram	State: MS	zip: 39272						
Contact Person: Chris		Tel: 601-937-1186						
WASTE TRANSPORTER #2								
Name:								
Address:								
City:	State:	Zip:						
Contact Person:		Tel:						
XIII. WASTE DISPOSAL SITE								
Name: Little Divis								
Address: 1714 W. Cauto line Rd								
City: Ridgeland	State: NS	Zip:						
Tel:								
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): H-30 - 2017								
Description of the sudden unexpected event: TOTOCALO								
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 ASTESTOS 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 RENOWATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. Type or Print Name (Signature of Owner/Operator) (Date)								
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS COR		9/27/17						
Type or Print Name (Signature of Owner/Ope	rator)	(Date)						