

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) SEP 15 2017	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <i>Original</i>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <i>Demo</i>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <i>Breakroom 1 story</i>							
Bldg. Name: <i>BREAK ROOM</i>							
Address: <i>1016 Weyerhaeuser Road</i>							
City: <i>Philadelphia</i>		State: <i>MS</i>		Zip: <i>39350</i>			
Site Location: <i>Weyerhaeuser Corp.</i>				Tel: <i>601-650-7200</i>			
Building Size: <i>60 x 40</i>		# of Floors: <i>1</i>		Age in Years: <i>30</i>			
Present Use: <i>BREAK ROOM</i>		Prior Use: <i>NONE</i>					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <i>Weyerhaeuser Corp.</i>							
Address: <i>1016 Weyerhaeuser Road</i>							
City: <i>Philadelphia</i>		State: <i>MS</i>		Zip: <i>39350</i>			
Contact: <i>Brad Hodges</i>				Tel: <i>601-650-7204</i>			
REMOVAL CONTRACTOR: <i>Reid Abatement</i>							
Address: <i>1621 Clearview Circle</i>							
City: <i>Columbia</i>		State: <i>MS</i>		Zip: <i>29429</i>			
Contact: <i>John Reid</i>				Tel: <i>601-441-5290</i>			
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No) <i>YES</i>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <i>Charles Cook of ECFE Engineering - Inspection on May 11, 2017 Tested by (ALM)</i>							
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 Category I Category II		UNIT		
Pipes					Ln Ft:		Ln M:
Surface Area			<i>2400</i>		<i>Sq Ft</i>		Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>9/27/17</i>				Complete: <i>9/28/17</i>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>9/28/17</i>				Complete: <i>10/17/17</i>			

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

Asbestos Floor tile Enclosed Demo of Building will begin

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

Emission Controls procedures - adequate wetting, play containment

XII. WASTE TRANSPORTER #1

Name: Waste Management

Address: 1849 Hwy 15 North

City: Houston

State: MS

Zip: 38851

Contact Person: Michael Fidt

Tel: 162-570-6027

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill

Address: 520 Murphy Road

City: Meridian

State: MS

Zip: 39301

Tel: 866-909-4458

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:

N/A

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 Competent person

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.

Stan Webb

Stan Webb

Type or Print Name

(Signature of Owner/Operator)

9-14-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Stan Webb

Stan Webb

Type or Print Name

(Signature of Owner/Operator)

9-14-17

(Date)