

70898

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) <u>D</u>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>R</u>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: <u>Highland Village</u>							
Address: <u>4500 I-55 North</u>							
City: <u>Jackson</u>				State: <u>MS</u>		Zip: <u>39211</u>	
Site Location:						Tel:	
Building Size: <u>100,000sf +/-</u>				# of Floors: <u>2</u>		Age in Years: <u>50 +/-</u>	
Present Use: <u>Stores</u>				Prior Use: <u>Same</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>WS Development</u>							
Address: <u>33 Boylston St. Ste 300</u>							
City: <u>Chestnut Hill</u>				State: <u>MA</u>		Zip: <u>02467</u>	
Contact: <u>Lee Shain</u>						Tel:	
REMOVAL CONTRACTOR <u>Emp Alfred Martin</u>							
Address: <u>PO Box 9361</u>							
City: <u>Jackson</u>				State: <u>MS</u>		Zip: <u>39286</u>	
Contact: <u>Al Martin</u>						Tel: <u>601 922-1919</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>Alfred Martin 9/17 ABI -1570 exp. 3/15/18</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		UNIT		
			Category I		Category II		
Pipes					Ln Ft:		Ln M:
Surface Area <u>FT</u> <u>700sf +/-</u>					Sq Ft: <u>700sf</u>		Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>10/9/17</u>					Complete: <u>10/10/17</u>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>10/10/17</u> <u>10/15/17</u>					Complete: <u>12/1/17 +/-</u>		

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

Wet Removal

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

Hot Work

XII. WASTE TRANSPORTER #1

Name:

EMP

Address:

PO Box 9361

City:

SXN MS

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Republic - Little Dixie

Address:

West City Lime Rd

City:

Ridgeland

State:

MS

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):

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.

Arthur Martin, Jr.

Type or Print Name

(Signature of Owner/Operator)

9/27/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Arthur Martin, Jr.

Type or Print Name

(Signature of Owner/Operator)

9/27/17

(Date)