

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)							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Air National Guard							
Address 6225 M St							
City: Meridian		State: MS		Zip: 39307			
Site Location:				Tel:			
Building Size Building M		# of Floors: 1st		Age in Years: 20			
Present Use: Vacant		Prior Use:					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Air National Guard Building M							
Address: 6225 M St.							
City: Meridian		State: MS		Zip: 39307			
Contact: Kent Joyner				Tel: 601 481-5152			
REMOVAL CONTRACTOR							
Address: Forrest Construction 591 Raymond Rd							
City: Jackson		State: MS		Zip: 39204			
Contact: Darius Forrest or Tony Forrest				Tel: 769 798-3617 or 601 382-8073			
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No)							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):							
PCM							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed		RACM To Be Removed		Category I		Category II	
2. Category I ACM Not Removed							
3. Category II ACM Not Removed						UNIT	
Pipes						Ln Ft: Ln M:	
Surface Area		floor tile		✓		Sq Ft: 1200 Sq M:	
Vol RACM Off Facility Component						Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/23/17				Complete: 10/24/17			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/23/17				Complete: 10/24/17			

RECEIVED

OCT 12 2017

Dept. of Environmental Quality

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

Wet Method

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

poly and contain room

XII. WASTE TRANSPORTER #1

Name: Forrest Construction

Address: 541 Raymond Rd

City: Jackson

State: MS

Zip: 39204

Contact Person: Darius Forrest

Tel: 769 798-3617

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Clearview landfill

Address: 2253 Mudlin Rd

City: Lake

State: MS

Zip: 39092

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

N/A

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 - call MDEA or notify

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.

Darius Forrest

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darius

Type or Print Name

(Signature of Owner/Operator)

(Date)