

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>O</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) <u>Delnk Plant Exterior Face</u> | | | |
| Bldg. Name: <u>vonDrehle Natchez Delnk Plant</u> | | | |
| Address <u>30 Majorca Rd</u> | | | |
| City: <u>Natchez</u> | State: <u>MS</u> | Zip: <u>39120</u> | |
| Site Location: <u>30 Majorca Rd, Natchez MS. Admas County</u> | | Tel: <u>601-445-0100</u> | |
| Building Size | # of Floors: <u>3</u> | Age In Years: <u>52</u> | |
| Present Use: <u>Manufacturing (Delnk Plant)</u> | Prior Use: <u>Manufacturing (Delnk Plant)</u> | | |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | |
| OWNER NAME: <u>von Drehle Corp.</u> | | | |
| Address: <u>612 3rd Avenue NE Suite 200-D</u> | | | |
| City: <u>Hickory</u> | State: <u>NC</u> | Zip: <u>28601-100</u> | |
| Contact: <u>Rebecca Mobley</u> | Tel: <u>601-445-0100</u> | | |
| REMOVAL CONTRACTOR <u>Pearson Environmental Services, LLC</u> | | | |
| Address: <u>2040 Fox Cv. East</u> | | | |
| City: <u>Byram</u> | State: <u>MS</u> | Zip: <u>39272</u> | |
| Contact: <u>Chris</u> | Tel: | | |
| OTHER OPERATOR: <u>MW Machinery</u> | | | |
| Address: <u>1852 Oak Hill Ridgeroad</u> | | | |
| City: <u>Beaumont</u> | State: <u>WV</u> | Zip: <u>25030</u> | |
| Contact: <u>Wade</u> | | | |
| 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>assumed</u> | | | |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: | | Nonfriable Asbestos Material Not To Be Removed | |
| 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 | |
| | | Indicate Unit of Measurement Below | |
| Pipes | | Ln Ft: | Ln M: |
| Surface Area | <u>Transite</u> | Sq Ft: <u>1,100</u> | Sq M: |
| Vol RACM Off Facility Component | | Cu Ft: | Cu M: |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>10/27/17</u> | | Complete: <u>10/28/17</u> | |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: | | Complete: | |

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OCT 17 2017

Dept. of Environmental Quality

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

Re-roof

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

removing intact, wet method, 6mil. poly.

XII. WASTE TRANSPORTER #1

Name: Pearson Env.

Address: 2040 Fox Cv. E.

City: Byram

State: MS

Zip: 39272

Contact Person: CHRIS

Tel:

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie

Address: 1716 E. country Ln Rd

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-9488

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.

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

10/17/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

10/17/17

(Date)