

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)						Original		
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)						Renovation		
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)								
Bldg. Name:		Post Fire Cleanup						
Address		143 Pine Hollow Circle						
City: Jackson		State: MS		Zip: 39212				
Site Location:		Jackson, MS				Tel:		
Building Size 1400		# of Floors: 2		Age in Years: 25+				
Present Use: Residential		Prior Use:		Residential				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)								
OWNER NAME:		Roco Real Estate, LLC						
Address:		33 Bloomfield Hills Parkway						
City: Bloomfield Hills		State: MI		Zip: 48304				
Contact:		Confidential				Tel: N/A		
REMOVAL CONTRACTOR		M and M Services, Inc.						
Address:		Post Office Box 68431						
City: Jackson		State: MS		Zip: 39286				
Contact:		Dale McGuffie				Tel: 601-982-8695		
OTHER OPERATOR:		N/A						
Address:		N/A						
City: N/A		State: N/A		Zip: N/A				
Contact:		N/A						
V. IS ASBESTOS PRESENT? (Yes/No)		Yes						
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):								
Yes								
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 Vinyl Flooring			280				Ln Ft: X Ln M:	
Surface Area Textured Ceiling / Joint Compound			1500				Sq Ft: X Sq M:	
Vol RACM Off Facility Component							Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:					12/21/17		Complete: 1/30/18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:					Complete:			

RECEIVED

DEC 06 2017

Dept. of Environmental Quality

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

Remove ACM prior to renovation and rebuilding after fire

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

Each work areal be contained in plastic and put under negative pressure to prevent exposure outside the work area. Workers will don proper protective clothing and respiratory protection.

XII. WASTE TRANSPORTER #1

M and M Services, Inc.

Name:

M and M Services, Inc.

Address:

Post Office Box 68431

City:

Jackson

State:

MS

Zip:

39286

Contact Person:

Dale McGuffie

Tel:

601-982-8695

WASTE TRANSPORTER #2

N/A

Name:

N/A

Address:

N/A

City:

N/A

State:

N/A

Zip:

N/A

Contact Person:

N/A

Tel:

N/A

XIII. WASTE DISPOSAL SITE

Little Dixie Landfill

Name:

Little Dixie Landfill

Address:

1716 County Line Road

City:

Ridgeland

State:

MS

Zip:

39157

Tel:

601-982-9488

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

Name:

N/A

Title:

N/A

Authority:

N/A

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

N/A

Date and Hour of Emergency (MM/DD/YY):

N/A

Description of the sudden unexpected event:

N/A

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:

Cease operations and notify MDEQ.

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.

Dale McGuffie

Type or Print Name

(Signature of Owner/Operator)

12/6/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie

Type or Print Name

(Signature of Owner/Operator)

12/6/2017

(Date)