

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) Revised				
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: The Crossing at Ladnier				
Address: Unit 10B / The Crossing at Ladnier				
City: Canton	State: MS	Zip: 39505		
Site Location:		Tel: 228-497-4350		
Building Size: 525sq ft.	# of Floors: 1	Age in Years:		
Present Use: Residential housing	Prior Use: Same			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: MS Regional Housing Authority 8				
Address: P.O. Box 2347				
City: Columbus	State: MS	Zip: 39505		
Contact: Jim Butler		Tel: 228-497-4350		
REMOVAL CONTRACTOR Southeast Environmental Group, Inc.				
Address: P.O. Box 433				
City: York	State: AL	Zip: 36925		
Contact: Johnny Rogers		Tel: 205-392-9308		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
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): Floor file + mastie tested using polarized light microscopy (PLM)				
Micro Method Laboratories, Inc / Charles D. Bingham				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 525sq ft.				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/18/17			Complete: 12/21/17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/18/17			Complete: 12/21/17	

RECEIVED
DEC 14 2017
Dept. of Environmental Quality

12/13/17 around 9:00 am per Johnny & Tommy Mody phone conversation (Date change ok.)

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

Removal of floor tile + mastic / Strip + removal / Containment

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

Areas to be removed will be thoroughly wetted + kept wet with a fine water / dawn detergent solution. All materials will be removed intact as humanly possible until all areas are abated to reduce the mission of any air borne particles.

XII. WASTE TRANSPORTER #1

Name: Southeast Environmental Group, Inc.

Address: P.O. Box 433 / 2900 B 2nd Ave.

City: York

State: AL

Zip: 36092

Contact Person: Bertha Rodgers

Tel: (205) 392-9308

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

N/A

XIII. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill

Address: 520 Murphy Rd.

City: Meridian

State: MS

Zip: 39301

Tel: 205-652-8151 / Mrs. Virgilene Campbell

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

Name: Craig Crawley

Title: Architect

Authority: Allied Architectural Group

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:

There is one (1) building to be renovated.

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

MDEQ officials will be notified immediately of any unforeseen ACM.

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.

Bertha Rodgers

Bertha Rodgers

12/13/17

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers

Bertha Rodgers

12/13/17

Type or Print Name

(Signature of Owner/Operator)

(Date)