

# 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) <i>Original</i>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <i>Renovation</i>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <i>Guice Place</i>			
Address <i>Unit 13 / Guice Place</i>			
City: <i>Culport</i>	State: <i>MS</i>	Zip: <i>39505</i>	
Site Location:		Tel: <i>(228) 497-4350</i>	
Building Size <i>1169 sq ft.</i>	# of Floors: <i>1</i>	Age in Years:	
Present Use: <i>Residential Housing</i>	Prior Use: <i>Same</i>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <i>MS Regional Housing Authority</i>			
Address: <i>P.O. Box 2347</i>			
City: <i>Culport</i>	State: <i>MS</i>	Zip: <i>39505</i>	
Contact: <i>Jim Butke</i>		Tel: <i>(228) 497-4350</i>	
REMOVAL CONTRACTOR <i>Southeast Environmental Group, Inc.</i>			
Address: <i>P.O. Box 433</i>			
City: <i>York</i>	State: <i>AL</i>	Zip: <i>36925</i>	
Contact: <i>Johnny Redgers</i>		Tel: <i>(205) 392-9308</i>	
OTHER OPERATOR:			
Address: <i>N/A</i>			
City:	State:	Zip:	
Contact:			
V. IS ASBESTOS PRESENT? (Yes/No) <i>YES</i>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <i>Floor tile &amp; mastic Tested using Polarized Light Microscopy (PLM) method</i>			
<i>Micro Method Laboratories, Inc. Charles D. Bingham</i>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			
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	
		Category I	Category II
		Indicate Unit of Measurement Below	
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: <i>12/18/17</i>		Complete: <i>12/21/17</i>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>12/18/17</i>		Complete: <i>12/21/17</i>	

*12/13/17 around 9:00 am per Johnny & Tommy meddy phone conversation (Date change ok, per above conversation)*

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 narrowly possible until all areas are plotted to reduce the mission of any air borne particles.

XII. WASTE TRANSPORTER #1

Name: Southeast Environmental Group, Inc.

Address: P.O. Box 433 / 290 B 2nd Ave.

City: York

State: AL

Zip: 36925

Contact Person: Bertha Rodgers

Tel: (205) 392-9309

WASTE TRANSPORTER #2

Name:

Address:

N/A

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill

Address: 520 Murphy Rd.

City: Meridian

State: MS

Zip: 39301

Tel: (205) 652-8151 / Mrs. Virgilene C

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

Name: Craig Crowley

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  
Type or Print Name

Bertha Rodgers  
(Signature of Owner/Operator)

12/13/17  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers  
Type or Print Name

Bertha Rodgers  
(Signature of Owner/Operator)

12/13/17  
(Date)