

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #		Postmark 1/8/18		Date Received (MDEQ use only)		Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Gas Station							
Bldg. Name: Gas Station							
Address 705 University Dr.							
City: Starkville				State: MS		Zip:	
Site Location:						Tel:	
Building Size 4,500 SF total				# of Floors: 1		Age in Years: 50	
Present Use: Vacant				Prior Use: Service Station			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: IMS Development Inc.							
Address: 5690 Watermelon Rd #400							
City: Northport				State: AL		Zip: 35473	
Contact: Mr. Jackson Wallace				Tel: 205-523-0426			
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.							
Address: PO Box 15925							
City: Hattiesburg				State: MS		Zip: 39404	
Contact: William H. Stamps				Tel: 601-264-5550			
OTHER OPERATOR: Burns Dirt Construction, Inc.							
Address: 57 Burns Drive							
City: Columbus				State: MS		Zip: 39702	
Contact: Nic Parish				662-549-6070			
V. IS ASBESTOS PRESENT? (Yes/No) Yes - Silver Roof Coating							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):							
Ron Robinson 12/13/17- PLM - IATL - , wall Coating, tile, peg board , ceiling tiles, caulk , window insulation, have tape, Roofing							
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						Ln Ft:	Ln M:
Surface Area				4,500		Sq Ft: X	Sq M:
Vol RACM Off Facility Component						Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/22/18						Complete: 2/2/18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/22/18						Complete: 3/30/18	

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Dept. of Environmental Quality

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

Removal of Roof panels with ACM coating Prior to Demo by others.

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

. All ACM will Wetted and manually removed . Waste will be placed in properly lines container for disposal.

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services , Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: ROBO Landfill

Address: 6447 Wahalak Road

City: Scooba

State: MS

Zip: 39358

Tel: 800 248-2990

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:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

1/8/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

1/8/18

(Date)