

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) 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) Former Residence				
Bldg. Name: Not Applicable				
Address 3543 Old Belden Circle				
City: Tupelo	State: MS	Zip: 38801		
Site Location: Belden, MS		Tel: Not Applicable		
Building Size 1804 sq ft	# of Floors: 1	Age in Years: 58		
Present Use: Vacant	Prior Use: Residential			
RECEIVED				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Charles L. (Buck) Boatner				
Address: P.O. Box 307				
City: Belden	State: MS	Zip: 38826		
Contact: C.L. Boatner		Tel: (662) 842-8700		
REMOVAL CONTRACTOR Environmental Evaluation & Control				
Address: P.O. Box 5422				
City: Columbus	State: MS	Zip: 39704-5422		
Contact: Ron Robinson (ABC-00007293)		Tel: (662)327-9551		
OTHER OPERATOR: Pannell Builders (Demolition Contractor)				
Address: 5081 North Raymond Avenue				
City: Tupelo	State: MS	Zip: 38801		
Contact: Phillip Pannell				
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):				
Inspector: Melvin Aycock ABI-00001572. Lab: National Econ Corp., Memphis, TN. Analytical Method: PLM				
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		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area	Linoleum Flooring			Sq Ft: 300 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/07/2018 Complete: 02/10/2018				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/12/2018 Complete: 02/16/2018				

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

Building to be demolished using heavy equipment (excavator)

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

Asbestos inspection was completed. RACM to be removed prior to demolition.

XII. WASTE TRANSPORTER #1 **To Be Determined**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE **To Be Determined**

Name:

Address:

City:

State:

Zip:

Tel:

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

Name: **Not Applicable**

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:

Not Applicable

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Kim Pannell, Pannell Builders

Kim Pannell

1-24-18

Type or Print Name

(Signature of Owner/Operator)

(Date)