

73080

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORMMail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project # 026	Postmark 02/05/2018	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/R"					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Office Building					
Bldg. Name: Threefoot Building					
Address 609 22nd Ave					
City: Meridian	State: MS	Zip: 39301			
Site Location: 609 22nd Ave		Tel: 601-506-5410			
Building Size 100,000 sf +/-	# of Floors: 16	Age in Years: 89			
Present Use: Abandoned	Prior Use: Office Building				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Ascent Hospitality Management Co. LLC					
Address: 3616 South Bogan Road, Suite 201					
City: Buford	State: Georgia	Zip: 30519			
Contact: John Tampa		Tel: 678-541-2762			
REMOVAL CONTRACTOR Parkbilt LLC					
Address: 510 North Street					
City: Brandon	State: MS	Zip: 39042			
Contact: Larry Holden		Tel: 601-506-5410			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
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): Covington Civil and Enviromental , 10/05/2017					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	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		Category I	Category II	UNIT	
Pipes		364		LnFt: 364	Ln M:
Surface Area			161000	SqFt: 161000	Sq M:
Vol RACM Off Facility Component		N/A		CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/19/2018		Complete: 06/19/2018			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/12/2018		Complete: 07/13/2018			

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

Removal of all ACM materials, Removal of all interior non-load bearing walls

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

Workers using PPE. Containment area utilizing negative air and air monitoring.

XII. WASTE TRANSPORTER #1 **Parkbilt LLC**

Name: **Larry Holden**

Address: **510 North Street**

City: **Brandon**

State: **MS**

Zip: **39042**

Contact Person: **Larry Holden**

Tel: **601-506-5410**

WASTE TRANSPORTER #2 **N/A**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE: **Robo Asbestos Landfill**

Name: **Bosorge and Edmonds Contractors Inc**

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 materials listed in assessment will be handled as RACM following Federal and State regulations.

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.

Jeanne Weeks

Type or Print Name

Jeanne Weeks

(Signature of Owner/Operator)

02/05/2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Larry Holden

Type or Print Name

Larry Holden

(Signature of Owner/Operator)

02/05/2018

(Date)