

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORMMail 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) R #1				
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)				
Bldg. Name: Building at Motley Road & South Frontage Road				
Address Motley Road & South Frontage Road				
City: Columbus	State: MS	Zip: 39701		
Site Location: Lowndes CO		Tel: 662.816.4707		
Building Size: (2) 2150 sqft	# of Floors: 1	Age in Years:		
Present Use: Vacant	Prior Use: Residence			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: ATMOS Energy Corporation				
Address: 5420 LBJ Freeway Suite 1800				
City: Dallas	State: TX	Zip: 75240		
Contact: Warren Miconi	Tel: 662.816.4707			
REMOVAL CONTRACTOR Gulf Services Contracting, Inc.				
Address: 5000 Rangeline Road				
City: Mobile	State: AL	Zip: 36619		
Contact: Jonathan Valle	Tel: 251-443-8161			
OTHER OPERATOR: TBD				
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):				
Bulk Sample-PLM Analysis. Inspector: Lee A. Polk, 09/29/2017				
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
XXX Pipes	VAT/Mastic			XXX 1000 SF Ln M:
Surface Area	Texture			SqFt: 1800 Sq M:
Vol RACM Off Facility Component				CuFt: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/20/2018		Complete: 02/27/2018		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: TBD		Complete:		



02/09/2018

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

Asbestos Abatement by Gulf Services-Subsequent demo by separate Contractor TBD

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

Negative Pressure, Wet Methods.

XII. WASTE TRANSPORTER #1

Name: Waste Pro USA

Address: 1600 South 12th Avenue

City: Columbus

State: MS

Zip:

Contact Person: Julie Goodin

Tel: 662-328-5528

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Robo Asbestos Landfill

Address: Route 1 Field Road East End

City: Shuqualak

State: MS

Zip: 39361

Tel: 662--361-0300

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

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

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:

Stop Work. Test materials. Notify Owner and MDEQ of any changes.

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.

Jonathan Valle

Type or Print Name

(Signature of Owner/Operator)

02/09/2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jonathan Valle

Type or Print Name

(Signature of Owner/Operator)

02/09/2018

(Date)