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FEB 09 2018

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <u>O</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>R</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <u>Armstrong floors</u>				
Address <u>1085 U.S. 80</u>				
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39204</u>		
Site Location:			Tel:	
Building Size <u>30,000</u>	# of Floors: <u>3</u>	Age in Years: <u>50+</u>		
Present Use: <u>tile factory</u>	Prior Use: <u>Same</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <u>Armstrong Floors Inc.</u>				
Address: <u>2500 Columbia Ave.</u>				
City: <u>Lancaster</u>	State: <u>PA</u>	Zip: <u>17604</u>		
Contact: <u>Daryl</u>	Tel: <u>601-960-5272</u>			
REMOVAL CONTRACTOR <u>Pearson Env.</u>				
Address: <u>2040 Fox Cv. E.</u>				
City: <u>Byram</u>	State: <u>MS</u>	Zip: <u>39272</u>		
Contact: <u>Chris</u>	Tel: <u>601 9371184</u>			
OTHER OPERATOR: <u>N/A</u>				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No)				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
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	<u>floor tile</u>			Sq Ft: <u>500</u> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>2/23/18</u>			Complete: <u>2/24/18</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>N/A</u>			Complete:	

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

~~Removal~~ Removal of flooring

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

Wet method removal - 6mil. bags - Containment.

XII. WASTE TRANSPORTER #1

Name: Pearson Env.  
 Address: 2040 Fox Cove Rd.  
 City: Byram State: MS Zip: 39212  
 Contact Person: Chris Tel: 601 937-1186

WASTE TRANSPORTER #2

Name:  
 Address:  
 City: State: Zip:  
 Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie  
 Address: 17th County Line Rd  
 City: Ridgeland State: MS Zip:  
 Tel: 601-982 9888

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Cease work, wet material - call Deg.

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.

Chris Peas (Type or Print Name) [Signature] (Signature of Owner/Operator) 2/9/18 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Peas (Type or Print Name) [Signature] (Signature of Owner/Operator) 2/9/18 (Date)