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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

Dept. 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) O							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Burkes Outlet # 464							
Address: 836 Woodland Dr. N.							
City: Forest			State: MS		Zip: 39024		
Site Location:				Tel: 601-469-9968			
Building Size: 5,000			# of Floors: 1		Age in Years: 30+		
Present Use: store			Prior Use: store				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME:							
Address:							
City:			State:		Zip:		
Contact:						Tel:	
REMOVAL CONTRACTOR Pearson Env.							
Address: 2040 Fox Cv. E.							
City: Byram			State: MS		Zip: 39272		
Contact: chn3						Tel:	
OTHER OPERATOR: Asa Carthan							
Address: 5224 Palmero Court							
City: Buford			State: GA		Zip: 30518		
Contact: Bradley Martin							
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):							
Kent R. Ward - PLM - 11/28/17							
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		Mastic			Sq Ft: 340	Sq M:	
Vol RACM Off Facility Component					Cu Ft:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/24/18				Complete: 2/24/18			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/1/17				Complete: 3/30/18			

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

Building / Demolishing walls - Removal of floors

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

wet method - containing of materials HEPA filter neg air

XII. WASTE TRANSPORTER #1

Name: Pearson Env.

Address: 2040 Fox Cv. E.

City: Byram

State: MS

Zip: 39222

Contact Person: Chris

Tel: 601-937-1156

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie

Address: 1716 & Courts line Rd

City: Ridgeland

State: MS

Zip:

Tel: 601-982-9488

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:

Cease work - wet material - call DEA

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)