

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) R					
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: 3111 N State St		RECEIVED FEB 14 2018 Dept. of Environmental Quality			
Address 3111 N State St					
City: Jackson	State: MS	Zip:			
Site Location:		Tel:			
Building Size 2,000	# of Floors: 1	Age in Years: 60+/-			
Present Use: Offices	Prior Use: Offices				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Desai Hotel Group					
Address: 210 East Capitol St, Ste 1256					
City: Jackson	State: MS	Zip: 39201			
Contact: James Bailey	Tel: 601-955-3393				
REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction					
Address: 1450 Old Brandon Rd					
City: Flowood	State: MS	Zip: 39232			
Contact: Chuck Womack	Tel: 601-940-5411				
OTHER OPERATOR: Faircloth Demolition					
Address: P. O. Box 1296					
City: Clinton	State: MS	Zip: 39060-1296			
Contact: Mark Parkman					
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):					
PLM Chuck Womack ABI-2432 1/26/18					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed			
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below			
		Category I	Category II		
Pipes	RACM To Be Removed			LnFt: X	Ln M:
Surface Area		400 sq ft flooring	40 ln ft caulking/100 sq ft flashing	SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/23/18		Complete: 2/26/18			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/23/18		Complete: 3/31/18			

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

Removal of asbestos containing materials with hand tools

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

Stop work and notify competent person

XII. WASTE TRANSPORTER #1

Name: ADS, Inc

Address: P. O. Box 1296

City: Clinton

State: MS

Zip: 39060-1296

Contact Person:

Tel: 601-925-0507

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 North County Line Rd

City: Ridgeland

State: MS

Zip: 39157

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:

Stop work immediately and notify competent person

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.

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

2/14/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

2/14/18

(Date)