

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: Vacant House				
Address 105 Camp Avenue				
City: Starkville	State: MS	Zip: 39759		
Site Location: Starkville		Tel: 205-523-0426		
Building Size 3,000 S.F.	# of Floors: 1	Age in Years: Over 25		
Present Use: Vacant	Prior Use: House			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: IMS Development Inc.				
Address: 5690 Watermelon Rd #400				
City: Northport	State: AL	Zip: 35473		
Contact: Mr. Jackson Wallace		Tel: 205-523-0426		
REMOVAL CONTRACTOR Environmental Evaluation & Control, Inc.				
Address: P.O. Box 5422				
City: Columbus	State: MS	Zip: 39704		
Contact: Ron Robinson		Tel: 662-328-2286		
OTHER OPERATOR: Burns Dirt Construction, Inc.				
Address: 57 Burns Drive				
City: Columbus	State: MS	Zip: 39702		
Contact: Nic Parish 662-549-6070				
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):				
IATL Labs, PLM Method; Ron Robinson ABI-00001499; Inspected 2/12/18; Floor Tile, Gypsum & Joint Compound, Hard Tile & Grout, Felt Vapor Barrier Flooring & Siding, Ceramic Tile & Grout, Shingle				
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				LnFt: Ln M:
Surface Area	9"x9" Floor Tile & Mastic			SqFt: 600S.F. Sq M:
Vol RACM Off Facility Component	Drywall & Compound			CuFt: 3,700S.F. Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/27/18		Complete: 03/02/18		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/03/18		Complete: 03/30/18		

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FEB 23 2018
 Dept. of Environmental Quality

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

Removal of asbestos containing materials using wet method./Prior to demo.

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

Strip & removal, wet method, double bagging

XII. WASTE TRANSPORTER #1

Name: Environmental Evaluation & Control, Inc.

Address: P.O. Box 5422

City: Columbus

State: MS

Zip: 39704

Contact Person: Ron Robinson

Tel: 662-328-2286

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Ro Bo Landfill

Address: Route 1, Box 33A

City: Scooba

State: MS

Zip: 39361

Tel: 662-793-4795

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:

Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

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.

Ron Robinson

Ron Robinson

02-21-18

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson

Ron Robinson

02-21-18

Type or Print Name

(Signature of Owner/Operator)

(Date)