

# 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) <b>O</b>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Shopping center</b>							
Bldg. Name:							
Address <b>200 W Railroad St</b>							
City: <b>Long Beach</b>		State: <b>MS</b>		Zip: <b>39560</b>			
Site Location: <b>same</b>				Tel: <b>601 283 0003</b>			
Building Size <b>16,000 sf</b>		# of Floors: <b>1</b>		Age in Years: <b>&gt;20</b>			
Present Use:		Prior Use: <b>Shopping center</b>					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <b>Crunch Fitness</b>							
Address: <b>200 W railroad St</b>							
City: <b>Long Beach</b>		State: <b>MS</b>		Zip: <b>39560</b>			
Contact: <b>Matt Dearman</b>				Tel: <b>601 283 0003</b>			
REMOVAL CONTRACTOR <b>Environmental Services LLC</b>							
Address: <b>253 Delk Road</b>							
City: <b>Hattiesburg</b>		State: <b>MS</b>		Zip: <b>39401</b>			
Contact: <b>Joe Venus</b>				Tel: <b>601 408 1005</b>			
OTHER OPERATOR: <b>N/A</b>							
Address:							
City:		State:		Zip:			
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>Remove floor tile using wet method</b>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		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		RACM To Be Removed		Category I		Category II	
						UNIT	
Pipes						LnFt: Ln M:	
Surface Area						SqFt: Sq M:	
Vol RACM Off Facility Component		<b>15,500</b>				CuFt: <b>15 yds</b> Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3/13/18</b>				Complete: <b>3/19/18</b>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>N/A</b>				Complete:			

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Dept. of Environmental Quality

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

remolding flooring

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

Remove materials using hand scrapers and water with wet method

XII. WASTE TRANSPORTER #1

Enviro

Name: Enviro

Address: Neihi Ave

City: Ellisville

State: MS

Zip: 39401

Contact Person: John

Tel: 601 477 6886

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: PBRWA

Address: 5274 Old Hwy 29

City: Ohlo

State: MS

Zip: 39446

Tel: 601 545 2121

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:

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 call DEQ

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.

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

2/23/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

2/23/18

(Date)