

MAR 12 2018

RECEIVED

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) O							
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: Parcel 260 & 261							
Address 1375 & 1377 oak st.							
City: Gretnada			State: MS		Zip:		
Site Location:				Tel: 665-771-9998			
Building Size 1,500			# of Floors: 1		Age in Years: 30+		
Present Use: vacant			Prior Use: housing				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Palm Development							
Address: 23134 Hwy 22 N.							
City: Yuma			State: TN		Zip: 38390		
Contact: Winston Parks			Tel: 901-438-9737				
REMOVAL CONTRACTOR Pearson Environmental							
Address: 2040 Fox Cv. E.							
City: Byram			State: MS		Zip: 39272		
Contact: Chris Pearson			Tel: 601-937-1186				
OTHER OPERATOR: N/A							
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):							
PLM - NVLAP - Chris Pearson 3-9-18							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed 				Category I	Category II	UNIT	
Pipes						Ln Ft:	Ln M:
Surface Area		150 Siding				Sq Ft: 3,000	Sq M:
Vol RACM Off Facility Component						Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/24/18				Complete: 3/25/18			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A				Complete:			

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

Excavator / Dumpster

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

Wet method - Asbestos will be abated prior to Demo

XII. WASTE TRANSPORTER #1

Name: Pearson Ewin
 Address: 2040 Fox Cr. E
 City: Byram State: MS Zip: 39272
 Contact Person: CHRIS Tel: 601-937-1186

WASTE TRANSPORTER #2

N/A

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

XIII. WASTE DISPOSAL SITE

Name: Little Dixie
 Address: 1716 W. 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):

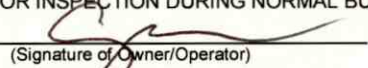
XV. FOR EMERGENCY RENOVATIONS:

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:

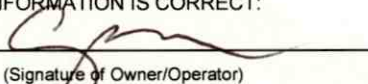
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, wet material, HEPA Vacuum

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 PEARSON (Type or Print Name)  (Signature of Owner/Operator) 3/12/18 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

CHRIS PEARSON (Type or Print Name)  (Signature of Owner/Operator) 3/12/18 (Date)