

MAR 12 2018

FEB 09 2018

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201
Department 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) R				
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: 39074		
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 Carter				
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	
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: 3/19/18 Complete: 3/20/18				
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 - Containment of materials HEPA filter neg air

XII. WASTE TRANSPORTER #1

Name: Pearson Env.

Address: 2040 Fox Cv. E.

City: Byram

State: MS

Zip: 39272

Contact Person: Chris

Tel: 601-937-1150

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie

Address: 1716 County 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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Cease work - wet material - 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.

Chris Paul
Type or Print Name

[Signature]
(Signature of Owner/Operator)

3/12/18
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Paul
Type or Print Name

[Signature]
(Signature of Owner/Operator)

3/12/18
(Date)