

# 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) <u>O</u>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>D</u>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <u>Old Police Station</u>			
Address: <u>701 James St</u>			
City: <u>Hattiesburg</u>	State: <u>MS</u>	Zip: <u>39401</u>	
Site Location:		Tel:	
Building Size: <u>over 50,000 sq ft</u>	# of Floors: <u>3</u>	Age in Years: <u>over 30</u>	
Present Use: <u>vault</u>	Prior Use: <u>old Hospital and police station</u>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <u>City of Hattiesburg</u>			
Address: <u>200 First St</u>			
City: <u>Hattiesburg</u>	State: <u>MS</u>	Zip: <u>39401</u>	
Contact:		Tel:	
REMOVAL CONTRACTOR: <u>Abatement Contractor of MS</u>			
Address: <u>761 Weatherly Ry</u>			
City: <u>Hattiesburg</u>	State: <u>MS</u>	Zip: <u>39402</u>	
Contact: <u>Chris Arlauer</u>	Tel: <u>601 2968179</u>		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:			
V. IS ASBESTOS PRESENT? (Yes/No) <u>Yes</u>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>Mike Bonner Bonner Asbestos</u>			
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	
RACM To Be Removed		Category I	Category II
		UNIT	
Pipes	<u>see Attachment</u>	LnFt:	Ln M:
Surface Area		SqFt:	Sq M:
Vol RACM Off Facility Component		CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>3-24-18</u>		Complete: <u>10-30-18</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>3-24-18</u>		Complete: <u>10-30-18</u>	

RECEIVED  
MAR 15 2018  
Dept. of Environmental Quality

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

*Remove Asbestos 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:

XII. WASTE TRANSPORTER #1

*Same as Removal Contractor*

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

*Control landfill*

Address:

City:

*McNeil*

State:

*MS*

Zip:

Tel:

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:

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.

*[Signature]*  
Type or Print Name

*[Signature]*  
(Signature of Owner/Operator)

*3-13-18*  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

*[Signature]*  
Type or Print Name

*[Signature]*  
(Signature of Owner/Operator)

*3-13-18*  
(Date)