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# 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)					
Bldg. Name: <b>Jackson Marriott - Floors 2 &amp; 3</b>					
Address <b>200 East Amite Street</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39201</b>			
Site Location:			Tel: <b>601-969-5100</b>		
Building Size <b>150,000</b>	# of Floors: <b>10</b>	Age in Years: <b>50+/-</b>			
Present Use: <b>Hotel</b>	Prior Use: <b>Hotel</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>LNR Partners</b>					
Address: <b>1601 Washington Ave, Ste 700</b>					
City: <b>Miami Beach</b>	State: <b>FL</b>	Zip: <b>33139</b>			
Contact: <b>Trent Timberlake</b>			Tel: <b>210-602-9611</b>		
REMOVAL CONTRACTOR <b>Jeff Evans, Inc. d/b/a Eagle Construction</b>					
Address: <b>1450 Old Brandon Rd</b>					
City: <b>Flowood</b>	State: <b>MS</b>	Zip: <b>39232</b>			
Contact: <b>Chuck Womack</b>			Tel: <b>601-940-5411</b>		
OTHER OPERATOR: <b>Flagstar</b>					
Address: <b>2006 Aspen Cove</b>					
City: <b>Brandon</b>	State: <b>MS</b>	Zip: <b>39042</b>			
Contact: <b>Lee Kittrell</b>					
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>PLM Dr Erica D Wilson ABI-8189 10/13/17</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> <li>Regulated ACM to be Removed</li> <li>Category I ACM Not Removed</li> <li>Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Category I	Category II	UNIT
Pipes	500 ln ft				LnFt: <b>X</b> Ln M:
Surface Area		20,000 sq ft FT			SqFt: <b>X</b> Sq M:
Vol RACM Off Facility Component	30,000 sq ft				CuFt: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3/28/18</b>			Complete: <b>4/30/18</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>3/28/18</b>			Complete: <b>9/30/18</b>		

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

**Removal of asbestos containing materials with hand tools**

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

**Stop work and notify competent person**

XII. WASTE TRANSPORTER #1

Name: **ADS, Inc**

Address: **P. O. Box 1296**

City: **Clinton**

State: **MS**

Zip: **39060-1296**

Contact Person:

Tel: **601-925-0507**

XII. WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Little Dixie Landfill**

Address: **1716 North 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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

**Stop work immediately and notify competent person**

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.

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

3/15/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

3/15/18

(Date)