

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

RECEIVED  
APR 18 2018  
DEQ OPC

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>Revised</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Demo</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>Magnolia Pointe + Northside Renovations</b>				
Address <b>814 West 10th</b>				
City: <b>Lumberton</b>	State: <b>MS</b>	Zip: <b>39455</b>		
Site Location: <b>Unit #814</b>		Tel: <b>(601) 408-6161</b>		
Building Size <b>600 ft.</b>	# of Floors: <b>1</b>	Age in Years: <b>30yrs Approx.</b>		
Present Use: <b>Residential Housing</b>	Prior Use: <b>Same</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>MRHA VIII</b>				
Address: <b>10430 Three Rivers Road</b>				
City: <b>Gulfport</b>	State: <b>MS</b>	Zip: <b>39505</b>		
Contact: <b>Mr. Jim Butler</b>	Tel: <b>(228) 248-1030 Ext 5114</b>			
REMOVAL CONTRACTOR <b>Southeast Environmental Group, Inc.</b>				
Address: <b>P.O. Box 433</b>				
City: <b>York</b>	State: <b>AL</b>	Zip: <b>36925</b>		
Contact: <b>Johnny Rodgers</b>	Tel: <b>(205) 392-9308</b>			
OTHER OPERATOR:				
Address:				
City: <b>N/A</b>	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>Floor tile + mastic to be removed.</b>				
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		
		Category I	Category II	
Pipes			Ln Ft:	Ln M:
Surface Area		<b>600 SF</b>	Sq Ft:	Sq M:
Vol RACM Off Facility Component			Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>4-12-18</b>		Complete: <b>4-19-18</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>4-12-18</b>		Complete: <b>4-19-18</b>		

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

Tile and mortar to be taken up as much intact as possible after being wetted down thoroughly.

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

Areas to be abated/removed will be thoroughly wetted, then soaked continuously with a fine water/detergent solution until all abatement is complete

XII. WASTE TRANSPORTER #1

Name: Waste Pro USA

Address: 410 Jm Tatum Industrial Drive

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Trey Cuevas

Tel: (601) 434-3045

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address: 410 Jm Tatum Ind. Drive

City: Hattiesburg

State: MS

Zip: 39401

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:

MDEQ will be notified immediately (as will the Housing Authority) and will be disposed of properly

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)