

73549

# 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>R</u>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name:							
Address: <u>2747 Old Canton Rd.</u>							
City: <u>Jackson</u>		State: <u>MS</u>		Zip: <u>39216</u>		Tel: <u>601-321-9107</u>	
Site Location:		# of Floors: <u>1</u>		Age in Years: <u>40+</u>			
Building Size: <u>2000 sq ft</u>		Present Use: <u>Vacant</u>		Prior Use: <u>office Bldg.</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>Wier Boerner Allin Architects</u>							
Address: <u>2727 Old Canton Rd. Ste. 200</u>							
City: <u>Jackson</u>		State: <u>MS</u>		Zip: <u>39216</u>		Tel: <u>601-321-9107</u>	
Contact: <u>Ryan Hanson</u>							
REMOVAL CONTRACTOR: <u>Environmental Management Plus, Inc.</u>							
Address: <u>P.O. Box 9361</u>							
City: <u>Jackson</u>		State: <u>MS</u>		Zip: <u>39286</u>		Tel: <u>601-922-1919</u>	
Contact: <u>Alfred Martin</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>Alfred L. Martin, Jr.</u> <u>Visual/assumed</u> <u>4/13/18</u>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:							
1. Regulated ACM to be Removed		RACM To Be Removed		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
2. Category I ACM Not Removed				Category I		Category II	
3. Category II ACM Not Removed						UNIT	
Pipes						Ln Ft: Ln M:	
Surface Area		<u>Mastic</u>				Sq Ft: <u>1700</u> Sq M:	
Vol RACM Off Facility Component						Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>5/1/18</u> Complete: <u>5/2/18</u>							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:							

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Dept. of Environmental Quality

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

Asbestos abatement of Mastic

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

Wet method (Mastic removed)

XII. WASTE TRANSPORTER #1

Name: EMP  
Address: P.O. Box 9361  
City: Jackson State: MS Zip: 39286  
Contact Person: Alfred Martin, Jr. Tel: 601-922-1919

WASTE TRANSPORTER #2

Name: N/A

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

XIII. WASTE DISPOSAL SITE

Name: BEI - Little Dixie Landfill  
Address: 1716 N. 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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

All work will be halted and additional inspection will be conducted

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.

Alfred L. Martin, Jr. Alfred L. Martin, Jr. 4/17/18  
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred L. Martin, Jr. Alfred L. Martin, Jr. 4/17/18  
Type or Print Name (Signature of Owner/Operator) (Date)