

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) 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: Unit 6B August Circle							
Address 6B August Circle							
City: Booneville			State: MS		Zip: 38829		
Site Location: Unit 6B			Tel:				
Building Size 1600 SF (duplex)			# of Floors: 1		Age in Years: 45		
Present Use: vacant-burned			Prior Use: housing unit				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Booneville Housing Authority							
Address: 801 N. College Street							
City: Booneville			State: MS		Zip: 38829		
Contact: Construction Manager			Tel: 662-728-4032				
REMOVAL CONTRACTOR Hernandez Demolition & Remediation, LLC.							
Address: 19 Minor Hill Road							
City: Hartselle			State: MS		Zip: 35640		
Contact: Michael J. Brown			Tel: 251-379-7038				
OTHER OPERATOR: Roberts Builders, Inc.							
Address: 204 W. First Street							
City: Ripley			State: MS		Zip: 38663		
Contact: Jarrett Roberts							
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):							
PLM Method, CA Labs of Baton Rouge, William J. Young, Inspector, #ABI-00001688, Inspected 8/2011, floor coverings, sheetrock, joint compound							
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	UNIT	
Pipes						Ln Ft:	Ln M:
Surface Area			sheetrock ceiling	floor tile & mastic		Sq Ft: 750	Sq M:
Vol RACM Off Facility Component						Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/23/18						Complete: 04/27/18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/27/18						Complete: 05/09/18	

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APR 20 2018
 Dept. of Environmental Quality

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

abatement of sheetrock ceilings and floor tile & mastic - wet methods & neg. press. containment

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

wet methods, negative pressure containment, double bagging waste, lined dumpster

XII. WASTE TRANSPORTER #1

Name: **Waste Connections of MS**

Address: **2941 County Road 302**

City: **Walnut**

State: **MS**

Zip: **38683**

Contact Person: **Jake Jefcoat**

Tel: **662-223-6800**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Northeast Mississippi Regional Landfill**

Address: **2941 County Road 302**

City: **Walnut**

State: **MS**

Zip: **38683**

Tel: **662-223-5445**

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:

Stop work as necessary. Test material/ investigate process. Notify Owner & MDEQ of any changes.

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.

Michael J. Brown

Type or Print Name

(Signature of Owner/Operator)

April 17, 2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Michael J. Brown

Type or Print Name

(Signature of Owner/Operator)

April 17, 2018

(Date)