

73630

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project # 9969	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) revision				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) demolition				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) residence floor 1				
Bldg. Name: Building C				
Address: 110 Bourke Rd C				
City: Natchez	State: MS	Zip: 39120	<div style="border: 1px solid black; padding: 5px; text-align: center;"> DEQ OPC MAY 1 2018 RECEIVED </div>	
Site Location:	Tel:			
Building Size 384 sq ft	# of Floors: 1	Age in Years: 50+		
Present Use: abandoned	Prior Use: residence			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: St. Catherine Creek NWR				
Address: 21 Pintail Ln				
City: Natchez	State: MS	Zip: 39120		
Contact: Kent Ozment	Tel: 601-442-6696			
REMOVAL CONTRACTOR PAC Environmental Specialists, LLC				
Address: 1011 Highway 139				
City: Monroe	State: LA	Zip: 71203		
Contact: Miranda Wilson	Tel: 318-345-0889			
OTHER OPERATOR: ServPro of Natchez				
Address: 11 Roux 61 Dr.				
City: Nathcez	State: MS	Zip: 39120		
Contact: David Moore				
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):				
lab analysis (PLM Bulk) by EMC Labs				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT
Pipes	window caulk			Ln Ft: 36 Ln M:
Surface Area	floor tile			Sq Ft: 314 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/9/18 Complete: 5/9/18				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: TBD Complete: TBD				

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

asbestos abatement of all non-friable ACM prior to demolition to avoid disturbance of the material

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

abatement by licensed contractor, air monitoring will be provided, negative air pressure and containment will be used

XII. WASTE TRANSPORTER #1

Name: PAC Environmental Specialists, LLC

Address: 1011 Highway 139

City: Monroe

State: LA

Zip: 71203

Contact Person: Miranda Wilson

Tel: 318-345-0889

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: White Oaks Landfill

Address: 588 Meadowlark Dr.

City: Monroe

State: LA

Zip: 71203

Tel: 318-343-2026

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:

dispose of as friable asbestos waste at an approved landfill

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.

Miranda Wilson

Type or Print Name

(Signature of Owner/Operator)

05-02-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Miranda Wilson

Type or Print Name

(Signature of Owner/Operator)

05-02-18

(Date)