

73601

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORMMail 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)						D	
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Pearl - Richland Connector Road Project							
Address 1126 Weems Street							
City: Pearl		State: MS		Zip: 39208			
Site Location: 1126 Weems Street						Tel:	
Building Size 5400		# of Floors: 1		Age in Years: 25+			
Present Use: Residential		Prior Use: Residential					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: City of Pearl							
Address: 2420 Old Brandon Road							
City: Pearl		State: MS		Zip: 39208			
Contact: Donnie Sullivan		Tel: 601-932-2262					
REMOVAL CONTRACTOR M and M Services, Inc.							
Address: Post Office Box 68431							
City: Jackson		State: MS		Zip: 39286			
Contact: Dale McGuffie		Tel: 601-982-8695					
OTHER OPERATOR: N/A							
Address: N/A							
City: N/A		State: N/A		Zip: N/A			
Contact: N/A							
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):							
Bulk material collection and analysis via EPA 600/R-93/116 utilizing Polarized Light Microscopy, Inspected by Willie J Nester on June 23, 2017.							
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						Ln Ft:	Ln M:
Surface Area Roof Cement		100				Sq Ft: XX	Sq M:
Vol RACM Off Facility Component						Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				4/30/2018		Complete: 7/31/2018	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:			

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

Remove asbestos containing building materials.

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

Each work area will be contained in plastic and put under negative pressure to prevent exposure outside the work area. Exterior materials will be removed using wet methods. Workers will don proper protective clothing and respiratory

XII. WASTE TRANSPORTER #1

M and M Services, Inc.

Name:

M and M Services, Inc.

Address:

Post Office Box 68431

City:

Jackson

State:

MS

Zip:

39286

Contact Person:

Dale McGuffie

Tel:

601-982-8695

WASTE TRANSPORTER #2

N/A

Name:

N/A

Address:

N/A

City:

N/A

State:

N/A

Zip:

N/A

Contact Person:

N/A

Tel:

N/A

XIII. WASTE DISPOSAL SITE

Name:

Little Dixie Landfill

Address:

1761 County Line Road

City:

Ridgeland

State:

MS

Zip:

39157

Tel:

601-982-9488

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

N/A

Title:

N/A

Authority:

N/A

Date of Order (MM/DD/YY):

N/A

Date Ordered to Begin (MM/DD/YY):

N/A

XV. FOR EMERGENCY RENOVATIONS:

N/A

Date and Hour of Emergency (MM/DD/YY):

N/A

Description of the sudden unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

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:

cease operations and notify MDEQ.

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.

Dale McGuffie, President

Type or Print Name

(Signature of Owner/Operator)

4/18/2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie, President

Type or Print Name

(Signature of Owner/Operator)

4/18/2018

(Date)