

73638

# 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) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>Bon Homie Apartments</b>		<b>RECEIVED</b>		
Address <b>1810 Country Club Rd.</b>		<b>MAY 02 2018</b>		
City: <b>Hattiesburg</b>	State: <b>MS</b>	Zip:	<i>Dept. of Environmental Quality</i>	
Site Location:		Tel:		
Building Size <b>6400sf per bldg</b>	# of Floors: <b>2</b>	Age in Years: <b>40 1/2</b>		
Present Use: <b>Apartments</b>	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Triangle Development and Construction</b>				
Address: <b>P.O. Box 2542</b>				
City: <b>Madison</b>	State: <b>MS</b>	Zip: <b>39110</b>		
Contact: <b>Bryan King</b>		Tel: <b>601-853-9326</b>		
REMOVAL CONTRACTOR <b>Environmental Management Plus</b>				
Address: <b>P. O. Box 9361</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39286</b>		
Contact: <b>Alfred Martin, Jr., Ph.D.</b>		Tel: <b>601-922-1919</b>		
OTHER OPERATOR: <b>Triangle Development and Construction</b>				
Address:				
City:	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>Alfred Martin 4/17/18 PCM</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> <li>Regulated ACM to be Removed</li> <li>Category I ACM Not Removed</li> <li>Category II ACM Not Removed</li> </ol>	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 <b>Floor Tile/Mastic 32,000sf</b> <del>5</del> <b>Tar flashing mastic 2500sf</b>				Sq Ft: <b>34,500</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/14/18</b>				Complete: <b>11/30/18</b>
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:

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

**Asbestos Abatement of Floor Tile and Mastic and Roof Tar Flashing**

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

Wet Method

XII. WASTE TRANSPORTER #1

Name: **Waste Pro USA**

Address: **480 JM Tatum Industrial Dr.**

City: **Hattiesburg**

State: **MS**

Zip: **39401**

Contact Person: **Trey Quavis**

Tel: **601-434-3045**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Pine Belt Regional Solid Waste Management**

Address: **P.O Box 389**

City: **Petal**

State: **MS**

Zip: **39465**

Tel: **601-545-6676**

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 until additional inspection is performed.**

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., Ph.D.

Type or Print Name

(Signature of Owner/Operator)

5/1/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred L. Martin, Jr., Ph.D.

Type or Print Name

(Signature of Owner/Operator)

5/1/18

(Date)