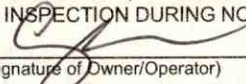
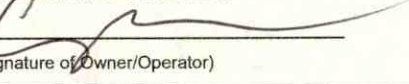


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MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) <input type="radio"/>				
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: Hunt Process Corp.				
Address 138 N. Wheatley St.				
City: Ridgeland	State: MS	Zip: 39157	Tel:	
Building Size N/A	# of Floors: N/A	Age in Years: 50+		
Present Use: Boiler	Prior Use: Boiler			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
RECEIVED				
MAY 07 REC'D				
OWNER NAME:				
Address:				
City:	State:	Zip:	Dept. of Environmental Quality	
Contact:		Tel:		
REMOVAL CONTRACTOR Pearson Environmental				
Address: 2040 Fox Cv. E				
City: Byram	State: MS	Zip: 39272	Tel:	
Contact: Chris Pearson		Tel: 601-937-1146		
OTHER OPERATOR: USES.				
Address: 1075 Mendell Davis Pr.				
City: Byram	State: MS	Zip: 39272		
Contact: CR				
V. IS ASBESTOS PRESENT? (Yes/No)				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Chris Pearson - PLM - NVLAP - April 2018				
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		Boiler (2)	Ln Ft:	Ln M:
Surface Area			Sq Ft:	Sq M:
Vol RACM Off Facility Component			Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: May 10, 2018 Complete: May 12				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: <i>full containment w/ shower</i>		
XII. WASTE TRANSPORTER #1		
Name: <i>Pearson Environmental</i>		
Address: <i>2040 Fox C.F.</i>		
City: <i>Byram</i>	State: <i>MS</i>	Zip: <i>39272</i>
Contact Person: <i>Chris Pearson</i>		Tel:
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: <i>Little Dixie</i>		
Address: <i>1716 W. County Line Rd</i>		
City: <i>Ridgeland</i>	State: <i>MS</i>	Zip: <i>39157</i>
Tel:		
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): <i>April 2018</i>		
Description of the sudden unexpected event: <i>Weather caused boiler to take on water</i>		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: <i>boiler falling apart - it is out in the open - workers exposed</i>		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER: <i>Air needed water will be applied - DEQ will be notified</i>		
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.		
<i>Chris Pearson</i> Type or Print Name	 (Signature of Owner/Operator)	<i>5/7/18</i> (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<i>Chris Pearson</i> Type or Print Name	 (Signature of Owner/Operator)	<i>5/7/18</i> (Date)