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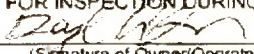

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only) <i>May 29, 2018</i>	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) <input checked="" type="radio"/>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:				
Address 295 FOREST AVE				
City: BILOXI	State: MS	Zip: 39530		
Site Location:		Tel: 228-217-1068		
Building Size 1800SF	# of Floors: 1	Age in Years: 60+		
Present Use: Vacated single family home	Prior Use: Residence			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: City of Biloxi				
Address: 140 Lameuse st				
City: Biloxi	State: MS	Zip: 39530		
Contact: Keith Stuart		Tel: 228-435-6252		
REMOVAL CONTRACTOR Anderson Environmental				
Address: P.O. Box 16891				
City: Jackson	State: MS	Zip: 39236		
Contact: Daryl Anderson		Tel: 601-940-4644		
OTHER OPERATOR: AD&R				
Address: 7389 Woolmarket Rd				
City: Biloxi	State: MS	Zip: 39532		
Contact: Nick Ladner				
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) City of Biloxi Fire Department had inspection done by Micro Methods				
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 UNIT
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area Transite siding <input checked="" type="checkbox"/>	2500sf			Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-08-18		Complete: 6-15-18		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6-15-18		Complete: 6-30-18		

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MAY 29 2018

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Demolition of abandon house		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Wet method, 6mil plastic on the ground, 6mil bags signs and barrier tape		
XII. WASTE TRANSPORTER #1		
Name: Anderson Environmental		
Address: P.O. Box 16891		
City: Jackson	State: MS	Zip: 39236
Contact Person: Daryl Anderson		Tel: 601-940-4644
WASTE TRANSPORTER #2		
Name: Waste Pro		
Address: 4205 Beasley Rd		
City: Gautier	State: MS	Zip: 39553
Contact Person: Shane Longfitt		Tel: 228-217-1068
XIII. WASTE DISPOSAL SITE		
Name: Macland Landfill		
Address: 11300 MS-63,		
City: Moss Point	State: MS	Zip: 39562
Tel: (228) 475-9750		
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 ASTESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:		
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.		
Daryl Anderson <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	5-25-18 <small>(Date)</small>
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Daryl Anderson <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	5-25-18 <small>(Date)</small>