

73832

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)							O
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: Hogg Residence							
Address: 4995 Lakeland Drive							
City: Flowood		State: MS		Zip: 39232			
Site Location: 4995 Lakeland Drive, Flowood, MS 39232						Tel:	
Building Size: 5500		# of Floors: 1		Age in Years: 20			
Present Use: Residential				Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Mississippi Transportation Commission							
Address: 401 North West Street							
City: Jackson		State: MS		Zip: 39201			
Contact: Blane Jackson						Tel: 601-359-7563	
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 sample collection, EPA 600/R-93/116 PLM, Kirk Geisinger (ABI-00002367), July 18, 2017							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			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			RACM To Be Removed		Category I		Category II
					UNIT		
Pipes					Ln Ft:		Ln M:
Surface Area Linoleum			325		Sq Ft:		Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				6/25/2018		Complete: 12/31/2018	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				6/26/2018		Complete: 12/31/2018	

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

Demolition of residence to allow for new frontage road

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

Structure will be kept wet during abatement and demolition to prevent emissions and dust.

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: North 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

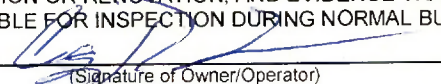
XV. FOR EMERGENCY RENOVATIONS:

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	

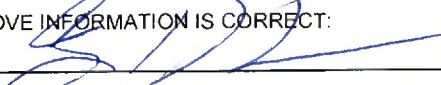
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

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		6/11/2018
Type or Print Name	(Signature of Owner/Operator)	(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie, President		6/11/2018
Type or Print Name	(Signature of Owner/Operator)	(Date)