

73920

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) 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: American Legion							
Address 804 N. Davis Ave							
City: Cleveland			State: MS		Zip: 38732		
Site Location: In front of Wal-mart on N. Davis						Tel: 901-340-7316	
Building Size 6,000 SF			# of Floors: 1.5		Age in Years: Unk.		
Present Use: Vacant			Prior Use: American Legion/VFW				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: G3 Interests, LLC							
Address: PO Box 207							
City: Grenada			State: MS		Zip: 38902		
Contact: Alan Gant						Tel: 662-614-0326	
REMOVAL CONTRACTOR Envirorem - MS - ABC-4273 exp 5-23-19							
Address: 1715 Lochearn Road							
City: Memphis			State: TN		Zip: 38116		
Contact: Will Brown						Tel: 901-345-0000	
OTHER OPERATOR: Dimension Construction, Inc.							
Address: 3776 New Getwell Rd							
City: Memphis			State: TN		Zip: 38118		
Contact: Zach Wall 901-340-7316							
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 PLM via AHERA sample selection for NESHAP demo setting. Stacy Brown MS-ABI-8851 exp 6/28/18. Inspected 6/17/18							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:							
<ol style="list-style-type: none"> 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	7886 SF VAT/Mastic			LnFt:	Ln M:		
Surface Area	3070 SF Transite			SqFt:	Sq M:		
Vol RACM Off Facility Component	600 SF Aristex			CuFt:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/29/18				Complete: 7/3/18			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/5/18				Complete: 7/30/18			

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JUN 25 2018
Dept. of Environmental Quality

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

Demolish existing building using hydraulic equipment and NESHAP required dust suppression.

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

Removal of RACM and Cat. I & II Materials prior to demolition as required by NESHAP interpretation.

XII. WASTE TRANSPORTER #1 Resourceful Environmental Soutlions

Name: RES - Cleveland

Address: 820 Chrisman Avenue

City: Cleveland

State: MS

Zip: 38732

Contact Person:

Tel: 662-843-0110

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE Non-friable - Leflore Co Sanitary Friable - South Shelby LF

Name: Leflore County LF

South Shelby LF

Address: 15200 US Hwy 49E

5494 Malone Road

City: Sidon - Memphis

State: MS - TN

Zip: 38935 - 38117

Tel: 662-453-8550 - 901-794-8071

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

Name: NA

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:

NA

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

Stop work and isolate material - Notify MDEQ, EI, BEC, GC, and Owner. Proceed accordingly after.

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.

Will Brown

Type or Print Name

(Signature of Owner/Operator)

6/22/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Will Brown

Type or Print Name

(Signature of Owner/Operator)

6/22/18

(Date)