

65683

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) OR				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:	Highland Village Shopping Center			
Address:	4500 I-55 South			
City:	State:	Zip:		
Jackson	MS	39211		
Site Location:	Space 156		Tel:	
Building Size	# of Floors:	Age in Years:		
20, on st +1-	1	404-		
Present Use:	Prior Use:			
Shopping Center				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME:	Highland Village Properties, LLC			
Address:	33 Boylston St., Ste. 300			
City:	State:	Zip:		
Chestnut Hill	MA	02467		
Contact:	Lee Shain		Tel:	
			864-630-4070	
REMOVAL CONTRACTOR	Environmental Management Plus, Inc.			
Address:	P.O. Box 9361			
City:	State:	Zip:		
Jackson	MS	39286		
Contact:	Alfred Martin, Ph.D.		Tel:	
			601-922-1919	
OTHER OPERATOR:				
Address:				
City:				
State:				
Zip:				
Contact:				
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):				
Alfred Martin, Ph.D. 5/22/18 PCM				
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	
Pipes				Ln Ft: Ln M:
Surface Area	F7 + mastic			Sq Ft: 500 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/28/18 Complete: 7/13/18				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/29/18 Complete: 7/2/18				

JUN 28 2018

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

acm floor tile and mastic will be removed

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: EMP
Address: P.O. Box 9361
City: Jackson State: MS Zip: 39286
Contact Person: Alfred Martin Tel: 601-922-1919

WASTE TRANSPORTER #2

Name: N/A
Address:
City: State: Zip:
Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI - Little Dixie
Address: 1716 N. County Line Rd.
City: Ridgeland State: MS Zip: 39157
Tel: 601-982-9488

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

All work will be halted until additional inspection is done.

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 Martin Alfred Martin Alfred Martin 6/18/18
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Alfred Martin Alfred Martin 6/27/18 6/18/18
Type or Print Name (Signature of Owner/Operator) (Date)