

05683

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: Jackson		State: MS		Zip:		Tel:	
Site Location: Space 129							
Building Size: 20,000 sq ft		# of Floors: 1		Age in Years: 40+/-			
Present Use: Shopping Center		Prior Use:					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Highland Village Properties, LLC							
Address: 33 Boylston St Ste. 300							
City: Chestnut Hill		State: MA		Zip: 02467		Tel: 864-630-4070	
Contact: Lee Shain							
REMOVAL CONTRACTOR: EMP, Inc.							
Address: P.O. Box 9361							
City: Jackson		State: MS		Zip: 39286		Tel:	
Contact: Alfred Martin, Ph.D.							
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			UNIT
Pipes					Ln Ft:	Ln M:	
Surface Area		Floor Tiled Matc			Sq Ft: 500	Sq M:	
Vol RACM Off Facility Component					Cu Ft:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/2/18					Complete: 7/3/18		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:					Complete:		

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 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 CRUMBED, PULVERIZED, OR REDUCED TO POWDER:

all work will be halted until further 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

6/18/18

XVIII. 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)