

73926

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORMMail 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) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: City of Vicksburg, Firestation #8					
Address Halls Ferry Park					
City: Vicksburg	State: MS	Zip:			
Site Location:		Tel:			
Building Size 3,000sf +/-	# of Floors:	Age in Years: 20+/-			
Present Use: Firestation	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: City of Vicksburg Fire Department					
Address: 1630 Walnut St.					
City: Vicksburg	State: MS	Zip: 39181			
Contact:		Tel:			
REMOVAL CONTRACTOR Environmental Management Plus, Inc.					
Address: P.O. Box 9361					
City: Jackson	State: MS	Zip: 39286			
Contact: Alfred Martin		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):					
Don Miller - PLM					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes					Ln Ft: Ln M:
Surface Area Floor Tile		Ceiling Tile			Sq Ft: 2000 Sq M:
Vol RACM Off Facility Component					Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/9/18				Complete: 7/12/18	
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:

Removal of ACM Floor Tile and Ceiling Tile

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:

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI Little Dixie Landfill

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 further inspection is conducted.

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 L. Martin, Ph.D.

Type or Print Name

(Signature of Owner/Operator)

6/25/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred L. Martin, Ph.D.

Type or Print Name

(Signature of Owner/Operator)

6/25/18

(Date)