74165

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) original

II. TYPE OF OPERATION (~~D=Demo~~ O= Ordered Demo R=Renovation E=Emer. Renovation) Demo

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) 1 story house

Bldg. Name: House

Address 700 Franklin Street

City: Brookhaven	State: MS	Zip: 39601
Site Location: Brookhaven		Tel:
Building Size 1300 SF	# of Floors: 1	Age in Years: 40 Plus
Present Use: Vacant	Prior Use: home	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Rex Lumber Co.

Address: 810 W. L Behan Rd

City: Brookhaven	State: MS	Zip: 39601
Contact: Doug Baldwin		Tel: 601-757-6118

REMOVAL CONTRACTOR JA Service Troubleshooters

Address:

City: Jackson	State: MS	Zip: 39212
Contact: Joseph Antoine		Tel: 601-212-9555

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):

Cris Pearson 2/26/2018 PLM

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				LnFt:	Ln M:
Surface Area	Transite + Floortile			SqFt: 1500	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/25/2018 Complete: 8/28/2018

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/28/2018 Complete: 9/20/2018

RECEIVED

AUG 13 2018

Dept. of Environmental Quality

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

Abatement + Demolition of House (Tracted

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

Keep Material wet

XII. WASTE TRANSPORTER #1

Name: JA Service Troubleshooters

Address: 1260 Wooddell Drive

City: Jackson | State: MS | Zip: 39212

Contact Person: Joseph Antoine | Tel: 601-212-9555

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City: | State: | Zip:

Tel:

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work notify DEQ

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.

Joseph Antoine (Type or Print Name) | Joseph Antoine (Signature of Owner/Operator) | 8/13/2018 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine (Type or Print Name) | Joseph Antoine (Signature of Owner/Operator) | 8/13/2018 (Date)