74575

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=Revised

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

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Facility office for former aluminum sulfate plant

Bldg. Name: Facility Office

Address 4533 Highway 3

City: Redwood	State: Mississippi	Zip: 39156
Site Location: 4533 Hwy 3 Redwood, MS 39156		Tel: Disconnected
Building Size Approximately 700 sq ft	# of Floors: 1	Age in Years: Approximately 30 years
Present Use: Site has not been used for over 20 years.	Prior Use: Office building	

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

OWNER NAME: Chemtrade Logistics

Address: 1005 N Louisiana Dr

City: Celina	State: TX	Zip: 75009
Contact: Stephen Thorn/James Lewis		Tel: (972) 382-2381

REMOVAL CONTRACTOR SEMS

Address: 11628 S. Choctaw Drive

City: Baton Rouge	State: LA	Zip: 70815
Contact: Charles "Chuck" L. Ellis, P.E.		Tel: 225-924-2002

OTHER OPERATOR:

Address:

City:	State:	Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No) Yes - 12"x12" white floor tile w/ associated caustic

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

Inspector-Andy Polk-State of Mississippi Certified Asbestos Inspector-Date Inspected 07/15/2016. Twenty six total samples analyzed by polarized light microscopy (PLM) at EMSL Analytical located in Baton Rouge, LA.

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	12"x12" Floor tile w/ associated m			SqFt: 700	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/26/201/8 Complete: 12/07/2018

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/26/2018 Complete: 12/07/2018

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

The facility office is scheduled to be demolished. The concrete slab is not planned to 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 methods will be used to prevent visible emissions.

XII. WASTE TRANSPORTER #1 Republic Services

Name: Republic Services		
Address: 1716 North County Line Rd.		
City: Ridgeland	State: MS	Zip: 39157
Contact Person: Mike Raley		Tel: 601-613-8671

WASTE TRANSPORTER #2

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE Little Dixie Landfill

Name: Little Dixie Landfill-Republic Services		
Address: 1716 North 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

A water truck on site to keep all possible asbestos material saturated to reduce airborne materials.

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.

Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name (Signature of Owner/Operator) (Date)