74874

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) O

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

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

RECEIVED JAN - 7 2019 Dept. of Environmental Quality

Bldg. Name: Vacant House

Address 360 West St

City: Senatobia State: MS Zip: 38668

Site Location: Tel:

Building Size Approx 2500 sf # of Floors: 1 Age in Years: Over 30

Present Use: Vacant Prior Use: House

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

OWNER NAME: North West Comunity college

Address: 4975 Highway 51 N

City: Senatobia State: MS Zip: 38668

Contact: Charles Anderson Tel: 6012708179

REMOVAL CONTRACTOR Abatat Contractors of MS

Address: 761 Weatherly Rd

City: Hattiesburg State: MS Zip: 39402

Contact: Charles Adams Tel: 6012708179

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): Ins Date 7-27-18

Raymond Torgesen ABI-00006858

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 transite flue	45 l/f			LnFt: 45	Ln M:
Surface Area sheet vinyl				SqFt: 210	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1-10-19 Complete: 1-31-19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1-11-19 Complete: 2-15-19

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

Remove Asbestos Then Demo House

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: Abatement contractors of MS

Address: 761 Weathersby Rd

City: Hattiesburg | State: MS | Zip: 39402

Contact Person: Charles Aulman | Tel: 601 270 8179

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management Tunica

Address: 6035 Bowdre Rd

City: Robinsonville | State: MS | Zip: 38664

Tel: 662 363 2282

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

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.

Charles Aulman Pres | 12-28-18

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

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles Aulman Pres | 12-28-18

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