74944

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) D

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

Bldg. Name: Abandon House

Address 314 40th Ave

City: Meridian State: MS Zip: 39301

Site Location: Meridian Tel: 601-485-1990

Building Size 2,000 sqft # of Floors: 1 Age in Years: Over 25

Present Use: Adandon house Prior Use: Home

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

OWNER NAME: City of Meridian

Address: 311 27th Ave South

City: Meridian State: MS Zip: 39301

Contact: Jeff Warren Tel: 601-485-1990

REMOVAL CONTRACTOR John Lee

Address: 1728 MT. Zion Rd.

City: Magee State: MS Zip: 39111

Contact: John Lee Tel: 601-519-8281

OTHER OPERATOR: City of Meridian (Demo Operator)

Address: 311 27 Ave South

City: Meridian State: MS Zip: 39301

Contact: Jeff Warren

V. IS ASBESTOS PRESENT? (Yes/No) Assumed Transite siding

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

Assumed ACM

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				SqFt: ✓	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1-28-19 Complete: 1-28-19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1-28-19 Complete: 2-4-19

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JAN 17 2019

Dept. of Environmental Quality

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

Demolition with track-Hoe + dozer

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

Use wet method using sprayers

XII. WASTE TRANSPORTER #1

Name: John Lee

Address: 1728 MT. Zion Rd.

City: Magee | State: MS | Zip: 39111

Contact Person: John Lee | Tel: 601-519-8281

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Clearview Landfill

Address: Muddline Rd

City: Lake | State: MS | Zip:

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: | Title:

Authority:

Date of Order (MM/DD/YY): N/A | 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:

Wet ACM + continue to remove

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.

John Lee — Type or Print Name | John S Lee — (Signature of Owner/Operator) | 1-17-19 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Lee — Type or Print Name | John Lee — (Signature of Owner/Operator) | 1-17-19 — (Date)