75328

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 #01

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: Jackson County Civic Center

Address 4735-4775 1st Lieutenant Eugene J. Majure Drive

City: Pascagoula | State: MS | Zip: 39567

Site Location: Throughout | Tel: 228-762-6043

Building Size 32,000 | # of Floors: 1 | Age in Years: 45

Present Use: Civic Center | Prior Use: Civic Center

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

OWNER NAME: Jackson County Board of Supervisors

Address: 2915 Canty Street

City: Pascagoula | State: MS | Zip: 39567

Contact: Chase Glisson | Tel: 228-769-3088

REMOVAL CONTRACTOR Hernandez Demolition & Remediation, LLC.

Address: 19 Minor Hill Road

City: Hartselle | State: AL | Zip: 35640

Contact: Michael J. Brown | Tel: 251-379-7038

OTHER OPERATOR: Stewart Construction Co., Inc.

Address: 1910 Eden Street

City: Pascagoula | State: MS | Zip: 39581

Contact: Tim Stewart

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):

Analyzed by PLM; Inspection Date: 8/21/2018; Inspector: Charles D. Bingham; #ABI-000013148 exp 3/08/2019

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	floor tile & mastic			SqFt: 10,800	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/04/19 Complete: 04/11/19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/01/19 Complete: 09/30/19

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

Abatement of floor tile & mastic under negative pressure containment using wet methods, selective demolition, and renovation of finishes & MEP

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

Negative pressure containment and wet methods

XII. WASTE TRANSPORTER #1

Name: Waste Pro USA

Address: 4205 Beasley Road

City: Gautier | State: MS | Zip: 39553

Contact Person: Shane Langfit | Tel: 228-348-1922

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Pecan Grove Landfill

Address: 9685 Firetower Road

City: Pass Christian | State: MS | Zip: 39571

Tel: 866-909-4458

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 in immediate area. Contact owner/architect. Test material. Notify MDEQ of any changes.

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.

Michael J. Brown (Type or Print Name) | (Signature of Owner/Operator) | 3/28/2019 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Michael J. Brown (Type or Print Name) | (Signature of Owner/Operator) | 3/28/2019 (Date)