

# 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)		R, D		
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>ELLIS PLAZA OFFICES</b>				
Bldg. Name: <b>ELLIS PLAZA</b>				
Address <b>1415 ELLIS AVENUE</b>				
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39204</b>		
Site Location: <b>OFFICE #1 AND OFFICE #2 BEHIND SKATING RINK</b>		Tel: <b>N/A</b>		
Building Size <b>50,000 SF</b>	# of Floors: <b>1</b>	Age in Years: <b>45+</b>		
Present Use: <b>VACANT</b>	Prior Use: <b>OFFICES/RETAIL</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>ELLIS BK, LLC</b>				
Address: <b>3636 NORTH CAUSEWAY BLVD.</b>				
City: <b>METAIRIE</b>	State: <b>LA</b>	Zip: <b>70002</b>		
Contact: <b>DANNY BOYD</b>	Tel: <b>504-251-2621</b>			
REMOVAL CONTRACTOR - <b>ABATEMENT SERVICES, INC. - Licenses Applied For</b>				
Address: <b>9417 ST. VINCENT AVENUE</b>				
City: <b>SHREVEPORT</b>	State: <b>LA</b>	Zip: <b>71106</b>		
Contact: <b>BRIAN BRISTOW</b>	Tel:			
OTHER OPERATOR: <b>R&amp;J CONSTRUCTION</b>				
Address: <b>P.O. BOX 6</b>				
City: <b>LAUREL</b>	State: <b>MS</b>	Zip: <b>39441</b>		
Contact: <b>CHRIS ROACH - 601-426-1042</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>PLM Bulk -- William F. Penick - ABI-00009048 -- 09/06/18</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT
Pipes				Ln Ft:      Ln M:
Surface Area	<b>VAT/MASTIC</b>			Sq Ft: <b>350</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>08/08/19</b>		Complete: <b>08/08/19</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>08/12/19</b>		Complete: <b>09/12/19</b>		



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

**VAT/mastic will be removed in a negative pressure containment using wet methods & hand tools**

**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, Wet Methods, Licensed Personnel, Air Monitoring**

**XII. WASTE TRANSPORTER #1**

Name: **Abatement Services, Inc.**

Address: **9417 St. Vincent Avenue**

City: **Shreveport**

State: **LA**

Zip: **71106**

Contact Person: **Brian Bristow**

Tel: **318-868-2510**

**WASTE TRANSPORTER #2**

Name: **N/A**

Address: **N/A**

City: **N/A**

State: **N/A**

Zip: **N/A**

Contact Person: **N/A**

Tel: **N/A**

**XIII. WASTE DISPOSAL SITE**

Name: **Mundy Landfill**

Address: **2712 Highway 84 East**

City: **Mansfield**

State: **LA**

Zip: **71052**

Tel: **318-872-2500**

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

Name: **N/A**

Title: **N/A**

Authority: **N/A**

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

Date Ordered to Begin (MM/DD/YY): **N/A**

**XV. FOR EMERGENCY RENOVATIONS:**

Date and Hour of Emergency (MM/DD/YY): **N/A**

Description of the sudden unexpected event: **N/A**

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

**N/A**

**XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

**STOP WORK, WET MATERIAL, CONTAIN AREA, NOTIFY MDEQ**

**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 C. Costleman  
Type or Print Name

Michael C. Costleman  
(Signature of Owner/Operator)

7/25/19  
(Date)

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Michael C. Costleman  
Type or Print Name

Michael C. Costleman  
(Signature of Owner/Operator)

7/25/19  
(Date)