76085

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/ R1

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) Budget Inn Hotel

Bldg. Name: Budget Inn Hotel

Address 6574 Hwy 49 N.

City: Hattiesburg	State: MS	Zip: 39401
Site Location: Budget Inn Hotel		Tel:
Building Size 60,000 Square Feet	# of Floors: 2	Age in Years: 20
Present Use: N/A	Prior Use:	

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

OWNER NAME: A Nil Patel

Address:

City: Hattiesburg	State: MS	Zip: 39401
Contact: A Nil Patel		Tel:

REMOVAL CONTRACTOR: Environmental Solutions LLC

Address: 253 Delk Road

City: Hattiesburg	State: MS	Zip: 39401
Contact: Joey Venus		Tel:

OTHER OPERATOR: R & J Construction

Address: 1637 Hwy 184 East

City: Laurel	State: MS	Zip: 39441

Contact: Justin Walters

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):

Terracon Consultants 6/14/2019

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	45000 SF Ceiling surface plaster			LnFt:	Ln M:
Surface Area	10000 SF 12x12 Floor tile and black m			SqFt:	Sq M:
Vol RACM Off Facility Component	5000SF window caulk			CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/24/2019 Complete: 3 weeks

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/1/2019 Complete: 6 Weeks

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

Demo and haul off debri to landfield.

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

Wear all required PPE and Safety Gear

XII. WASTE TRANSPORTER #1

Name: Enviro

Address: 108 Nehi Dr

City: Ellisville | State: MS | Zip: 39437

Contact Person: John | Tel: 601-477-2004

WASTE TRANSPORTER #2

Name: R & J Construction

Address: 1637 Hwy 184 E

City: Laurel | State: MS | Zip: 39443

Contact Person: Justin Walters | Tel: 601-580-1198

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Waste Authority

Address: 5274 MS-29

City: Ovette | State: MS | Zip: 39464

Tel: 601-545-2121

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 and 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.

Justin Walters — Justin Walters — 9/9/2019

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

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Justin Walters — Justin Walters — 9/9/2019

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