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) Original

RECEIVED OCT - 3 2019 Dept. of Environmental Quality

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

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

Bldg. Name: Bldg 4 / unit B Crossing at Ladnier

Address 2020 Ladnier Rd

City: Gautier	State: MS	Zip: 39564
Site Location:		Tel:
Building Size 1169 SF	# of Floors: 1	Age in Years:
Present Use: Residential Housing	Prior Use: Same	

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

OWNER NAME: MS Regional H.A. VIII

Address: PO Box 2347 / 10430 Three Rivers Road

City: Gulfport	State: MS	Zip: 39505
Contact: Mr. Jerry Huckaber		Tel: (228) 248-1030 Ext 5029

REMOVAL CONTRACTOR Southeast Environmental Group, LLC

Address: PO Box 433 / 296B 2nd Ave.

City: York	State: AL	Zip: 36925
Contact: Bertha Rodgers		Tel: (205) 392-9308

OTHER OPERATOR:

Address:

City: N/A	State:	Zip:
Contact:		

V. IS ASBESTOS PRESENT? (Yes/No)

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

Assumed / from observation + experience. Black Mastic present.

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		1169 SF		SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-9-19 Complete: 10-11-19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-9-19 Complete: 10-11-19

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

Removal of two layers of floor tiles and mastic/strip & removal method w/containment to be used.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Areas to be abated will be thoroughly wetted down and kept wet with a fine, water-dawn detergent solution. All materials to be removed will be removed as much intact as possible until all areas are abated to reduce the emissions of any airborne particles.

XII. WASTE TRANSPORTER #1

Name: Southeast Environmental Group, Inc.

Address: 296B 2nd Ave / P O Box 433

City: York | State: AL | Zip: 36925

Contact Person: Bertha Rodgers | Tel: 205) 392-9308

WASTE TRANSPORTER #2

Name: N/A

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Ridge LandFill

Address: 520 Murphy Road

City: Meridian | State: MS | Zip: 39301

Tel: (601) 483-0715

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: MDEQ will be notified immediately. Every precaution will be taken to prevent the spread of any airborne particles. ACM will be contained and handled appropriately.

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.

Bertha Rodgers (Type or Print Name) | Bertha Rodgers (Signature of Owner/Operator) | 9-30-19 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers (Type or Print Name) | Bertha Rodgers (Signature of Owner/Operator) | 9-30-19 (Date)