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)

Bldg. Name: House		
Address: 114 9th Street		
City: Laurel	State: MS	Zip: 39440
Site Location: same		Tel:
Building Size: 1200	# of Floors: 1	Age in Years: over 20
Present Use: house	Prior Use:	

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

OWNER NAME: Hoadrick Companies		
Address: Freedom Square		
City: Laurel	State: MS	Zip: 39440
Contact: Steve Sherwin		Tel: 6013230016
REMOVAL CONTRACTOR: Enviommantal Services		
Address: 253 Dalk Road		
City: Hattiesburg	State: MS	Zip: 39401
Contact: Joe Venus		Tel: 601 408 1005
OTHER OPERATOR:		
Address:		
City:	State:	Zip:
Contact:		

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):

Siding

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	1,200	1		CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/23/20 Complete: 1/23/20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete:

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

[illegible] hand tools and wet method to remove siding

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

[illegible] hand tools and wet method to remove siding

XII. WASTE TRANSPORTER #1

Name: [illegible]ronmental Services		
Address: [illegible] Dell Road		
City: [illegible]burg	State: MS	Zip: 39401
Contact Person: Joe Venus		Tel: 601 408 1005

WASTE TRANSPORTER #2

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: [illegible]RWA		
Address: [illegible] Hwy 29 S		
City:	State: MS	Zip: 39465
Tel:		

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

Name: [illegible]	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:

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.

Type or Print Name (Signature of Owner/Operator) 1/8/2 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name (Signature of Owner/Operator) 1/8/2 (Date)