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

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

Bldg. Name: Hunter Douglas

Address 222 Laney Rd

City: Shannon	State: MS	Zip: 38868
Site Location:		Tel: 662-690-8190
Building Size 200,000 S.F.	# of Floors: 1	Age in Years: Over 25
Present Use:	Prior Use:	

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

OWNER NAME: Hunter Douglas

Address: 222 Laney Rd

City: Shannon	State: MS	Zip: 38868
Contact: Tony Carroll		Tel: 662-842-4412

REMOVAL CONTRACTOR Environmental Evaluation & Control, Inc.

Address: P.O. Box 5422

City: Columbus	State: MS	Zip: 39704
Contact: Ron Robinson		Tel: 662-328-2286

OTHER OPERATOR: Sanderson Construction Company

Address: 60068 Phillips Schoolhouse Rd

City: Amory	State: MS	Zip: 38821

Contact: Tony Carroll

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):

EHS Labs, PLM Method Ron Robinson ABI-00001499 Inspected 01/28/2020

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	FT & Mastic			SqFt: 870	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02-18-20 Complete: 02-19-20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02-20-20 Complete: 03-06-20

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

Removal of asbestos containing materials using wet method

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

Strip & Removal, Wet Method, Double Bagging

XII. WASTE TRANSPORTER #1

Name: Environmental Evaluation & Control, Inc.

Address: P.O. Box 5422

City: Columbus	State: MS	Zip: 39704

Contact Person: Ron Robinson	Tel: 662-328-2286

WASTE TRANSPORTER #2

Name: N/A

Address:

City:	State:	Zip:

Contact Person:	Tel:

XIII. WASTE DISPOSAL SITE

Name: Ro Bo Landfill

Address: Route 1, Box 33A

City: Scooba	State: MS	Zip: 39361

Tel: 662-793-4795

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

Name: N/A	Title:

Authority:

Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

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:

Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

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.

Ron Robinson — Ron Robinson — 02/03/2020

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

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson — Ron Robinson — 02/03/2020

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