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

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) Eaton Aerospace

Bldg. Name: Main Office Area / First Floor / Customer Source Office Area

Address 5353 Highland Drive

City: Jackson	State: MS	Zip: 39206
Site Location: 5353 Highland Drive		Tel: 601-981-2811
Building Size 270,000 sq ft	# of Floors: 1	Age in Years: 65 yrs
Present Use: Manufacturing	Prior Use: Same since inception	

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

OWNER NAME: EATON Aerospace

Address: 5353 Highland Drive

City: Jackson	State: MS	Zip: 39206
Contact: Tereance Elmore		Tel: 601-987-3239

REMOVAL CONTRACTOR M & M Services, Inc. (ABC-00007007)

Address: P.O. Box 68431

City: Jackson	State: MS	Zip: 39286
Contact: Rodney Thompson		Tel: 601-982-8695

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):

Asbestos inspection 1/7-11/2002 / Analytical sampling method(PLM) by AES Labs / Inspector - Jeff Tomeo

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	0			LnFt:	Ln M:
Surface Area ~250 sq ft	~250	0	0	SqFt: X	Sq M:
Vol RACM Off Facility Component	0			CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/13/2020 Complete: 4/13/2020

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

RECEIVED
FEB 19 2020
Dept. of Environmental Quality

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

Remove mastic and glue underneath floor tile, which is covered by carpet. ACM is non-friable.

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

ACM removal conducted in containment area under negative-pressure filtration. HVAC will be off and ducts sealed.

XII. WASTE TRANSPORTER #1

Name: M & M Services, Inc.

Address: P. O. Box 68431

City: Ridgeland | State: MS | Zip: 39286

Contact Person: Rodney Thompson | Tel: 601-982-8695

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill (BFI Systems of MS) Howard Peterson - Landfill Manager

Address: 1716 County Line Rd

City: Ridgeland | State: MS | Zip: 39157

Tel: 601-982-9488

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:

Procedure: 1) Stop work 2) Wet Material 3) Notify the owner/operator and project manager

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.

Tereance Elmore — Type or Print Name

Tereance Elmore — (Signature of Owner/Operator)

February 19, 2020 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Tereance Elmore — Type or Print Name

Tereance Elmore — (Signature of Owner/Operator)

February 19, 2020 — (Date)