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~~ Revision

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: Camelot Apartments		
Address 2840 Robinson Road		
City: Jackson	State: MS	Zip: 39209
Site Location: Buildings 2, 4-11, 13, 16-17, 21-22, and Leasing Office		Tel: (601) 948-7200
Building Size Approx. 35,000 SF per Building	# of Floors: 2	Age in Years: 50
Present Use: Apartment Complex	Prior Use: Apartment Complex	

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

OWNER NAME: Strategic Holdings		
Address: 4550 East Thousand Oaks Boulevard, Suite 200		
City: West Lake Village	State: CA	Zip: 91362
Contact: Jim Backner		Tel: (805) 367-8807
REMOVAL CONTRACTOR BluSky Restoration Contractors		
Address: 13701 Green Ash Court		
City: Earth City	State: Missouri	Zip: 63045
Contact: Thomas Dougherty		Tel: (314) 402-8233
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):

An asbestos survey was submitted to BluSky Restoration Contractors.

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	17,700			SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: ~~3/11/2020~~ 3/12/2020 Complete: 5/8/2020

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

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

See attached sheet.

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

See attached sheet.

XII. WASTE TRANSPORTER #1

Name: ~~Waste Mangement~~ Republic Services

Address: ~~1450 Country Club Drive~~ 1035 Old Brandon Road

City: Jackson | State: MS | Zip: ~~39209~~ 39232

Contact Person: Scott Johnson | Tel: ~~(601) 923-5114~~ (601) 906-4606

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: ~~Clearview Landfill~~ Little Dixie Landfill

Address: ~~2253 Mudline Road~~ 1716 N. County Land Road

City: ~~Lake~~ Ridgeland | State: MS | Zip: ~~39092~~ 39157

Tel: ~~(866) 909-4458~~ (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:

Stop working immediately, contact owner and local authorities, begin clean-up in accordance with local, state, and federal regulations.

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.

Thomas Dougherty — Thomas Dougherty, PROJECT MGR — 2/26/20

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

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Thomas Dougherty — Thomas Dougherty, PROJECT MGR — 2/26/20

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

Section X: Description of Planned Demolition or Renovation Work, and Method(s) to be used:

Removal of Drywall/Joint Compound – Building #1, #2, #8, #9, #16, #17 and #22
Removal of Floor Tile & Mastic – Building #2, #4, #5, #7, #8, #9, #10, #11, #16, #17, and #21
Removal of Roll Flooring – Building #2, #5, #6, #7, #8, #9, #10, #11, #13, #16, #17 and #21

Section XI: Description of Work Practices and Engineering Controls to be used to prevent emissions of asbestos at the demolition or renovation site:

Area will be isolated using criticals, splash guards and a remote decon. Negative air will be put in place. Drywall/Joint Compound, Roll Flooring, and Floor Tile & Mastic will be removed using the manual wet method with no visible emissions.