

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) Unit 23				
Bldg. Name: Oakwood Village Apartments				
Address 330 Benachi Ave				
City: Biloxi	State: MS	Zip: 39501		
Site Location: Unit 23	Tel: 228-348-2771			
Building Size 20,000 SF	# of Floors: 2	Age in Years: 50		
Present Use: Multi Family Residential	Prior Use: Multi Family Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Biloxi Housing Authority				
Address: 330 Benachi Ave				
City: Biloxi	State: MS	Zip: 39530		
Contact: Chuck Breal	Tel: 228-348-2771			
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.				
Address: PO Box 15925				
City: Hattiesburg	State: MS	Zip: 39404		
Contact: William H. Stamps	Tel: 601-264-5550			
OTHER OPERATOR: Commercial Surfaces				
Address: 7400 Old Fort Bayou Rd				
City: Ocean Springs	State: MS	Zip: 39564		
Contact: Charles Schaffer				
V. IS ASBESTOS PRESENT? (Yes/No) Yes - VAT&M				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Owner provided - PLM @ MicroMethods -				
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	
Pipes				Ln Ft: Ln M:
Surface Area	500			Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/23/2020 Complete: 11/30/2020				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/23/2020 Complete: 12/4/2020				

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

Removal of Floor tile and mastic prior to replacement by others.

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

Containment will be established with poly critical barriers with negative air. All ACM will Wetted and removed. Waste will be placed in clear, labeled, poly bags and a placed in properly lined container for disposal.

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services, Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pecan Grove

Address: 9685 Firetower Rd.

City: Pass Christian

State: MS

Zip: 39571

Tel: (866) 909-4458

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 ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

11/10/2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

11/10/2020

(Date)