

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project # 21-100	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: Omega Protein, Inc. Shipley #2 Building				
Address 5735 Elder Ferry Road				
City: Moss Point	State: MS	Zip: 39563		
Site Location: Shipley #2 Building		Tel: 228-475-1252		
Building Size 5000 S.F.	# of Floors: 1	Age in Years: > 40 years		
Present Use: warehouse	Prior Use: warehouse			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Omega Protein, Inc.				
Address: 5735 Elder Ferry Road				
City: Moss Point	State: MS	Zip: 39563		
Contact: David Bromley	Tel: 228-475-1252			
REMOVAL CONTRACTOR Gulf Services Contracting, Inc.				
Address: 5000 Rangeline Road				
City: Mobile	State: AL	Zip: 36619		
Contact: Derek Biehl	Tel:			
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):				
Samples were taken by Charles D. Bingham with Micro Methods on 1/11/2021				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area	VCT/Mastic			Sq Ft: 410 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/10/2021				Complete: 2/12/2021
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:

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Dept. of Environmental Quality

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

Abatement and renovation

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

Negative pressure, wet methods, full containment

XII. WASTE TRANSPORTER #1

Name: Gulf Services Contracting, Inc.

Address: 5000 Rangeline Road

City: Mobile

State: AL

Zip: 36619

Contact Person: Derek Biehl

Tel: 251-443-8161

WASTE TRANSPORTER #2

Name: AmWaste

Address: 1000 S. Lawrence St.

City: Mobile

State: AL

Zip: 36603

Contact Person: Jordan Collins

Tel: 205-788-1400

XIII. WASTE DISPOSAL SITE

Name: Turkey Trot Landfill

Address: Mannish Ryan Road

City: Citronelle

State: AL

Zip: 36522

Tel: 251-866-7787

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 ASBESTOS MATERIAL BECOMES CRUMBLLED, 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.

Jonathan Valle

Type or Print Name

(Signature of Owner/Operator)

1/27/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jonathan Valle

Type or Print Name

(Signature of Owner/Operator)

1/27/2021

(Date)