

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 2.18.2022	AI Number
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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Old Storage				
Address: 512 1st Ave NE				
City: Magee		State: MS	Zip: 39111	
Site Location: Magee, MS			Tel: 601-382-0133	
Building Size: 1,000 sq ft		# of Floors: 1	Age in Years: Over 50 years	
Present Use: Abandoned		Prior Use: Storage		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Mike Kennedy				
Address: 427 E Pine Street				
City: Mendenhall		State: MS	Zip: 39114	
Contact: Mike Kennedy			Tel: 601-382-0133	
ASBESTOS REMOVAL CONTRACTOR: John Lee				
Address: 1729 Mt. Zion Road				
City: Magee		State: MS	Zip: 39111	
Contact: John Lee			Tel: 601-519-8281	
Certification Number: 00003364			Expiration Date: 04/06/2022	
OTHER OPERATOR: Bruce Lewis (Demolition Contractor)				
Address:				
City: Magee		State: MS	Zip: 39111	
Contact: Bruce Lewis			Tel: 601-382-1949	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Assumed by asbestos contractor				
WAS ASBESTOS PRESENT? (Yes/No): Assumed by asbestos contractor			Inspection Date: N/A	
Inspector: N/A		Certification Number: N/A	Expiration Date: N/A	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): N/A		Surface Area (SQ FT): 1,000	Volume of Facility Components (CU FT): N/A	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 0			Category II: 0	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/04/22			Complete: 03/04/22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/07/22			Complete: 03/07/22	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Removal of transite by hands, tools, etc

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Removal of transite by hand

XIII. WASTE TRANSPORTER #1

Name: John Lee III

Address: 1728 Mt. Zion Road

City: Magee

State: MS

Zip: 39111

Contact Person: John Lee

Tel: 601-519-8281

WASTE TRANSPORTER #2

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel:

XIV. WASTE DISPOSAL SITE

Name: Clearview Environmental Landfill

Address: 2253 Mudline Road

City: Lake

State: MS

Zip: 39092

Contact Person: Jim Johnston

Tel: 1-800-832-2937

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

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

XVI. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event:

N/A

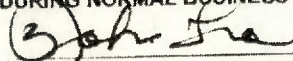
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
Wet ACM, continue to move in a safe manner and notify DEQ

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.
Notify DEQ

XVIII. 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.

John Lee

Type or Print Name


(Signature of Owner/Operator)

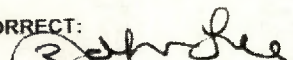
02/15/22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Lee

Type or Print Name


(Signature of Owner/Operator)

02/15/22

(Date)