

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: 4.11.22	AI Number
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): Demo			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Former Mississippi Phosphates Corporation			
Bldg. Name: Out Door Piping			
Address: 601 Industrial Road			
City: Pascagoula	State: MS	Zip: 39581	
Site Location: 601 Industrial Road		Tel: 601.326.1176	
Building Size: N/A	# of Floors: 0	Age in Years: 30	
Present Use: Industrial		Prior Use: Industrial	
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Mississippi Corporation			
Address: 601 Industrial Road			
City: Pascagoula	State: MS	Zip: 39581	
Contact: Jeff Allen		Tel: 601.326.1176	
ASBESTOS REMOVAL CONTRACTOR: Pacific Technologies, Inc.			
Address: 107 E 40th St			
City: Boise	State: ID	Zip: 83714	
Contact: D. J. Welch		Tel: 208-340-1370	
Certification Number:		Expiration Date:	
OTHER OPERATOR: Gulf Coast Dismantling an AIS Company			
Address: 1801 Jasmine Dr.			
City: Pasadena	State: TX	Zip: 77503	
Contact: Jeff Allen		Tel: 601.326.1176	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No			
WAS ASBESTOS PRESENT? (Yes/No): N/A		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: All materials are presumed to be asbestos and will be removed as PACM.			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT): 1,500	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/25/22		Complete: 5/13/22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/25/22		Complete: 8/26/22	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Demolition will include the use of hydraulic excavators with attachments and laborers w/ cutting torches

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Keep material wet, prompt cleanup, glove bags, disposable suits and respirators

XIII. WASTE TRANSPORTER #1

Name: Complete Environmental

Address: 37 David Swan Ln

City: Purvis

State: MS

Zip: 39475

Contact Person: Tim Whitley

Tel: 251-622-0732

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pecan Grove Landfill

Address: 9685 Firetower Road

City: Pass Christian

State: MS

Zip: 39571

Contact Person: Michael Eidt

Tel: 662-448-0773

XV. 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):

XVI. 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:

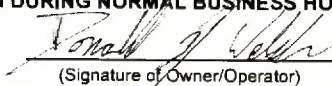
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Cease work, assess the situation, and proceed according to all local, state, and EPA regulations

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.

Donald Welch

Type or Print Name


(Signature of Owner/Operator)

04/11/22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Donald Welch

Type or Print Name


(Signature of Owner/Operator)

04/11/22

(Date)