

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 1-25-23	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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Martin Building				
Address: 106 Main Ave N.				
City: Magee		State: MS	Zip: 39111	
Site Location: Down Town Building				Tel:
Building Size: 1,800 Sq Ft		# of Floors: 1	Age in Years: 50	
Present Use: N/A		Prior Use: Restaurant		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Wayne Martin and Anne Martin				
Address: 106 Main Ave. N.				
City: Magee		State: MS	Zip: 39111	
Contact: Wayne Martin			Tel: 786-863-4747	
ASBESTOS REMOVAL CONTRACTOR: John Lee				
Address: 1728 Mount Zion Rd.				
City: Magee		State: MS	Zip: 39111	
Contact: John Lee Cell			Tel: 601-519-8281	
Certification Number: ABC-00003364			Expiration Date: 4/19/2023	
OTHER OPERATOR: John Lee III				
Address: 30 Timber Ridge Dr.				
City: Jackson		State: MS	Zip: 39212	
Contact: John Lee III Cell			Tel: 60-808-9266	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No): N/A			Inspection Date:	
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Building was renovated prior to 1980, Floor tile glue in the building will be treated, removed, and disposed of as of the assumption was a fact. <p style="text-align: right; color: blue;">Assumed asbestos</p>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 1,800 Sq Ft				
Category I:		Category II: X		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/09/2023			Complete: 02/13/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/09/2023			Complete: 02/13/23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: use mastic remover to remove asbestos glue and push bars to remove tile. Goose neck poly bags		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: We will prevent the outside from coming inside by posting signs and warning tape. 10 mil polyurethane plastic will be taped to seal any open access points. We will use at least 2 negative air machines.		
XIII. WASTE TRANSPORTER #1		
Name: John Lee		
Address: 1728 Mount Zion Rd		
City: Magee	State: MS	Zip: 39212
Contact Person: John Lee	Tel: 601-808-9266	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Pine Belt Regional Solid Waste Authority		
Address: 574 MS-29		
City: Overt	State: MS	Zip: 39464
Contact Person: Front Office	Tel: 601-545-2121	
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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Use stop work authority, asses the situation, insure it is contained with proper PPE present, spray with a surfactant		
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	_____	01/25/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
John Lee	_____	01/25/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)