

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 2-28-23	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: BROADMOOR APARTMENTS				
Address: 124 Oak St.				
City: Byhalia		State: MS	Zip: 38611	
Site Location:			Tel: 662 838-2454	
Building Size: 50,000SF +/-		# of Floors: 2	Age in Years: 40+	
Present Use: Apartments		Prior Use: same		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Hughes SPelling Dev.				
Address: 214 Key Drive Ste. 1000				
City: Madison		State: MS	Zip: 39110	
Contact: Jody Foster			Tel: 601 334-1254	
ASBESTOS REMOVAL CONTRACTOR: EMP				
Address: PO Box 9361				
City: Jackson		State: MS	Zip: 39286	
Contact: Alfred Martin			Tel: 601 5731585	
Certification Number: ABC 1568			Expiration Date: 3/10/23 (Refresher being taken on 3/16/23)	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Y				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 1/2023	
Inspector: Willie Nester		Certification Number: 2244	Expiration Date: 1/18/24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM method - Floor tile, mastic, putty, tape joint compound, roofing, caulking,				
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:				
Category I: Appr. 40,000sf FT and Mastic			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/20/23			Complete: 2/28/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/27/23			Complete: 2/28/24	

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

This is an apartment and the abatement will start on 3/20/23. The repair work will follow the abatement after clearance. The work will be wet method using manual tools.

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

This is an apartment and the abatement will start on 3/20/23. The repair work will follow the abatement after clearance. The work will be wet method using manual tools. Critical barriers set up and negative air machines.

XIII. WASTE TRANSPORTER #1

Name: Resourceful Env.

Address: PO BOX 598

City: Ripley

State: MS

Zip: 38663

Contact Person: Shea

Tel: 662837-4087

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Three Rivers

Address: 1904 Pontotok Pky

City: Pontotoc

State: MS

Zip: 39963

Contact Person: Shae Mask

Tel: 662 489-0444

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:

Work stopped and inspector called in to re-evaluate and sample.

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.

Alfred Martin

Type or Print Name


(Signature of Owner/Operator)

2/27/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred Martin

Type or Print Name


(Signature of Owner/Operator)

2/27/23

(Date)