

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 07-18-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): OR			
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): Old Training Building - one story - 17'x51'			
Bldg. Name: Old Training Building			
Address: 191 Andrew Chapel Rd.			
City: Brandon	State: MS	Zip: 39042	
Site Location: same		Tel: 601-649-0700	601-433-4200
Building Size: 17' x 51'	# of Floors: 1	Age in Years: 60+ Years	
Present Use: N/A	Prior Use: Training		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Kinder Morgan, Inc.			
Address: 191 Andrew Chapel Rd.			
City: Brandon	State: MS	Zip: 39042	
Contact: Chris Stevenson	Tel: 601-941-8473		
ASBESTOS REMOVAL CONTRACTOR: Advanced Environmental Consultants, Inc.			
Address: P.O. Box 16847			
City: Jackson	State: MS	Zip: 39236	
Contact: Dr. DeJonnette Grantham - King	Tel: 601-362-1788		
Certification Number: ABC-00002431	Expiration Date: Jan. 3, 2024		
OTHER OPERATOR: J Parker Services, LLC			
Address: P.O. Box 166			
City: Laurel	State: MS	Zip: 39441	
Contact: John Parker	Tel: 601-433-4200		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? <input checked="" type="radio"/> Yes <input type="radio"/> No:			
WAS ASBESTOS PRESENT? <input checked="" type="radio"/> Yes <input type="radio"/> No:		Inspection Date: 10-7-2022	
Inspector: Dr. DeJonnette G. King	Certification Number: ABI-00001497	Expiration Date: Jan. 3, 2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM Testing - Floor tile and mastie.			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT): 576	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: <input checked="" type="checkbox"/>	Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07-28-2023		Complete: 07-28-2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07-28-2023		Complete: 08-01-2023	

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

Floor tile and mastic will be removed using the wet method and HEPA filter equipped vacuum will be used during abatement activity

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

Areas will be wet & removed intact.

XIII. WASTE TRANSPORTER #1

Name: Advanced Environmental Consultants, Inc.

Address: P.O. Box 16847

City: Jackson

State: MS

Zip: 39042

Contact Person: Dr. DeJonnelle G. King

Tel: 601-941-8473

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: BFI Little Dixie Landfill

Address: 17116 N. County Line Rd.

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel: 800-967-2488

XV. 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):

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

Preventive measures will be taken, work will cease, MDEQ & owner will be notified.

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 Parker

Type or Print Name

(Signature of Owner/Operator)

7-11-2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Parker

Type or Print Name

(Signature of Owner/Operator)

7-11-2023

(Date)