

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 8-15-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name:			
Address:			
City:	State:	Zip:	
Site Location:		Tel:	
Building Size:	# of Floors:	Age in Years:	
Present Use:	Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
ASBESTOS REMOVAL CONTRACTOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
Certification Number:		Expiration Date:	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):			
WAS ASBESTOS PRESENT? (Yes/No):		Inspection Date:	
Inspector:	Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
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:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		Complete:	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

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

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

XIII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

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:

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.

Type or Print Name

Barbara McCroy
(Signature of Owner/Operator)

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

Barbara McCroy
(Signature of Owner/Operator)

(Date)