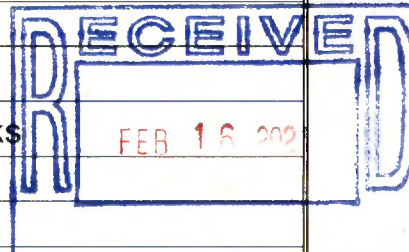


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
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) D					
III. FACILITY DESCRIPTION (include building name, number and floor or room number) Former W.W. Scott US Army Reserve Center					
Bldg Name: W.W. Scott US Army Reserve Center Bldg. JK101					
Address 180 Commercial Ave.					
City: Jackson	State: MS	Zip: 39209-3423			
Site Location: Bldg. JK101		Tel: 803-751-9947			
Building Size 32,017 SF	# of Floors: 2	Age in Years: 40+			
Present Use: Vacant	Prior Use: Army Reserve Training Facility				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: 81st Regional Support Command, Directorate Of Public Works					
Address: 81 Wildcat Way					
City: Ft. Jackson	State: SC	Zip: 29207-6907			
Contact: Terry Shirley		Tel: 256-425-3387			
REMOVAL CONTRACTOR ESA South, Inc.					
Address: 1681 Success Dr.					
City: Cantonment	State: FL	Zip: 32533			
Contact: Jeffrey Gibson		Tel: 850-937-8520			
OTHER OPERATOR: Cross Environmental Services (Demolition Contractor)					
Address: 155 Blake Ave. NW, Suite G3					
City: Ft. Walton Beach	State: FL	Zip: 32548			
Contact: Brandon Bishop					
V. IS ASBESTOS PRESENT? (Yes/No) Yes					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
PLM sampling performed by Alpha Facilities Solutions, Inspected by Mark Spence on 1/22/15					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes Window Glazing			X	LnFt: 215	Ln M:
Surface Area ACM floor tile mastic, fire		X		SqFt: 19080	Sq M:
Vol RACM Off Facility Component			X	CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/22/21				Complete: 04/30/21	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/08/21				Complete: 05/28/21	



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

Entire structure & all footings to be demolished with heavy equip, site backfilled & restored with sod

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

Neg. pressure containment with 3 stage Decon, material to be worked wet, & placed immediately in 2-6 mil disp. bags

XII. WASTE TRANSPORTER #1

Name: Waste Management

Address: 1450 Country Club Dr.

City: Jackson

State: MS

Zip: 39209

Contact Person: Dispatcher

Tel: (601) 586-5392

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 County Line Rd.

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-9488

XIV. 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):

XV. 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:

XVI. 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:

Stop work, notify facility owner, and MDEQ.

XVII. 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 POBLA
Type or Print Name

(Signature of Owner/Operator)

2/8/21
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jeff Gibson, V.P.
Type or Print Name

(Signature of Owner/Operator)

2-8-21
(Date)