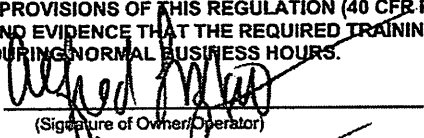
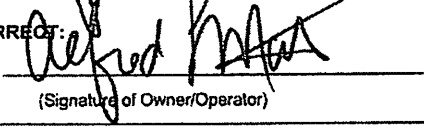


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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): <u>O</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>HOUSE</u>				
Address: <u>119 Shady Lane</u>				
City: <u>Richland</u>		State: <u>MS</u>	Zip: <u>39073</u>	
Site Location: <u>Kitchen</u>		Tel:		
Building Size: <u>1700sf</u>		# of Floors: <u>1</u>	Age in Years: <u>40+/-</u>	
Present Use: <u>Residence</u>		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Richard Nissen</u>				
Address: <u>119 Shady Lane</u>				
City: <u>Richland</u>		State: <u>MS</u>	Zip: <u>39073</u>	
Contact:		Tel:		
ASBESTOS REMOVAL CONTRACTOR: <u>EMP</u>				
Address: <u>PO BOX 9361</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39286</u>	
Contact: <u>Alfred Martin, Ph.D.</u>		Tel: <u>601 922-1919</u>		
Certification Number: <u>ABC - 1568</u>		Expiration Date: <u>3/10/23</u>		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>		Inspection Date: <del>12/20/22</del> <u>1/6/23</u>		
Inspector: <u>Joseph Drapala</u>		Certification Number: <u>ABI-00003042</u>		Expiration Date: <u>9/13/23</u>
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<u>Floor tile and adhesive - PLM</u>				
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: <u>Appr. 900sf</u>		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>2/7/23</u>		Complete: <u>2/9/23</u>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>2/10/23</u>		Complete: <u>4/30/23</u>		

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> <i>Replace Flooring</i>		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Wet removal of ACM, Proper bagging, Disposal of approved landfill		
<b>XIII. WASTE TRANSPORTER #1</b> EMP		
Name: EMP		
Address: Same as above		
City:	State:	Zip:
Contact Person: Alfred Martin	Tel:	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b> Republic		
Name: Little Dixie		
Address: County Line Road		
City: Ridgeland	State: MS	Zip:
Contact Person:	Tel: 601 982-9488	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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:</b> Work halted until clarification		
<b>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.</b>		
Alfred Martin, Ph.D.		1/24/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Alfred Martin, Ph.D.		1/24/23
Type or Print Name	(Signature of Owner/Operator)	(Date)