

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 6/22/21	Date Received (MDEQ use only) 6/25/21	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) R													
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)													
Bldg. Name: Office													
Address 1743 Commerce St													
City: Grenada	State: MS	Zip: 38901											
Site Location: same	Tel: 601 656 3654												
Building Size 2500	# of Floors: 1	Age in Years: >20											
Present Use: office	Prior Use:												
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)													
OWNER NAME: Jai Bapa Jay Inc													
Address: 1743 Commerce St													
City: Grenadaa	State: MS	Zip: 38901											
Contact: Harry Patel	Tel: 662 473 1031												
REMOVAL CONTRACTOR Environmental Servicves													
Address: 253 Delk Road													
City: Hattiesburg	State: MS	Zip: 39401											
Contact: Joe Venus	Tel: 6014081005												
OTHER OPERATOR: Hill Construction LLC													
Address: 7871 CR 224													
City: Water Valley	State: MS	Zip: 38965											
Contact: Paula 662 473 7874													
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): Joe Venus, flooring													
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below									
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RACM To Be Removed</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Category I</td> <td style="text-align: center;">Category II</td> </tr> </table>		RACM To Be Removed		Category I	Category II	UNIT					
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Vol RACM Off Facility Component	2000	Cu Ft:											
		Cu M:											
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/7/21 Complete: 7/8/21													
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete:													

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

* N/A

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

Use wet method and use of hand tools .

XII. WASTE TRANSPORTER #1

Name: Environmental Servicives

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Joe Venus

Tel: 6014081005

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Robo

Address: hwy 45

City: Scobba

State: MS

Zip:

Tel:

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:

Stop work call DEQ

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop work call DEQ

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)