

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) Waffle House Bldg 455				
Bldg. Name: store				
Address 6701 MS-673				
City: Moss Point	State: MS	Zip: 39563		
Site Location: same	Tel: 601 656 3654			
Building Size 1200	# of Floors: 1	Age in Years: >20		
Present Use: store	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Waffle House Inc				
Address: 5896 Financial Dr				
City: Norcross	State: Georgia	Zip: 30071-2949		
Contact: David Mitchell	Tel: 228 235 1164			
REMOVAL CONTRACTOR Environmental Servicves				
Address: 253 Delk Road				
City: Hattiesaburg	State: MS	Zip: 39401		
Contact: Joe Venus	Tel: 6014081005			
OTHER OPERATOR: n/a				
Address: n/a				
City: n/a	State:	Zip:		
Contact: n/a				
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, siding panels				
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				Ln Ft: Ln M:
Surface Area				Sq Ft: X Sq M:
Vol RACM Off Facility Component		180		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 Servicves

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 CRUMBLED, 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)

6/21/21

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)

6/21/21