

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) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: TRINITY INVESTMENT SERVICES					
Address 2304 14TH STREET					
City: GULFPORT	State: MS	Zip: 39501			
Site Location: SAME AS ABOVE		Tel: 601-960-1054			
Building Size 3000SF	# of Floors: 1	Age in Years: 55			
Present Use: OFFICE		Prior Use: OFFICE			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: BOB SAWYER					
Address: 2304 14TH STREET					
City: GULFPORT	State: MS	Zip: 39501			
Contact: BOB SAWYER		Tel: 228-861-1975			
REMOVAL CONTRACTOR ANDERSON ENVIRONMENTAL					
Address: 870 FOLEY STREET					
City: JACKSON	State: MS	Zip: 39202			
Contact: DARYL ANDERSON		Tel: 601-354-4400			
OTHER OPERATOR: None					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) NO TILE AND BLACK MASTIC PRESUMED					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
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 Floor tile and mastic	1015			Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-23-21 Complete: 7-30-21					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8-02-21 Complete: 8-15-21					

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

Removal of and replacement of floor tile

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

Area barricaded using asbestos signs and ape, conatainment under negative pressure removed using wet methods and AC

XII. WASTE TRANSPORTER #1

Name: Anderson Environmental

Address: 870 Foley Street

City: Jackson

State: MS

Zip: 39202

Contact Person: Daryl Anderson

Tel: 601-354-4400

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Macland Landfill

Address: 11300 MS-63

City: MOSS POINT

State: MS

Zip: 39562

Tel: 228-475-9750

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 ASTESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

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.

Daryl Anderson

Type or Print Name

(Signature of Owner/Operator)

7-09-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

Type or Print Name

(Signature of Owner/Operator)

7-09-21

(Date)