

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 7/8/21 (e-mailed)	Date Received (MDEQ use only) 7/8/21	Notification # (MDEQ use only)
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R			
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: Farragut Lofts			
Address 301 S Toulme Street			
City: Bay St. Louis	State: MS	Zip: 39520	
Site Location:		Tel:	
Building Size 7,260	# of Floors: 1	Age in Years: Approx 90	
Present Use: Unknown	Prior Use: Hardware Store		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Christian Shane Properties			
Address: 1706 Jackson Avenue			
City: New Orleans	State: LA	Zip: 70113	
Contact: Melissa Fitzgibbon		Tel: 504-252-0455	
REMOVAL CONTRACTOR Snyder Environmental & Construction, LLC			
Address: 7705 Northshore Place			
City: North Little Rock	State: AR	Zip: 72118	
Contact: Justin Dixon		Tel: 501-801-2776	
OTHER OPERATOR: N/A			
Address:			
City:	State:	Zip:	
Contact:			
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 Bulk Samples- Charles D. Bingham 4/27/2020			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		Indicate Unit of Measurement Below	
		RACM To Be Removed	UNIT
Pipes		Category I	Category II
Surface Area	Floor Tile/Mastic		
Vol RACM Off Facility Component			
		Ln Ft:	Ln M:
		Sq Ft: 6,800	Sq M:
		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/22/2021		Complete: 7/30/2021	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

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

Materials listed above to be removed by hand so facility can be renovated.

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

Materials will be wetted before/during/after abatement, packaged, labeled and transported to a certified class 1 landfill.

XII. WASTE TRANSPORTER #1

Name: **Wast Management**

Address: **14339 Hudson Krohn Road**

City: **Biloxi**

State: **MS**

Zip: **39532**

Contact Person: **Tim Callahan**

Tel: **228-697-6159**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Pecan Grove Landfill**

Address: **9685 Firetower Road**

City: **Pass Christian**

State: **MS**

Zip: **39571**

Tel: **228-225-5553**

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Wet the unexpected, make safe the area and notify 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.

Barbara McElroy

Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

7/8/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Type or Print Name

Barbara McElroy
(Signature of Owner/Operator)

7/8/2021

(Date)