

(REV)

79065

Cochrane

# 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) 7/9/2021	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A=Annual) <b>O</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>Summit Garden Apartments</b>					
Address <b>325 Cold Water River</b>					
City: <b>Jonestown</b>	State: <b>MS</b>	Zip: <b>39639</b>			
Site Location:		Tel: <b>662-773-6269</b>			
Building Size <b>51,000.00 sf</b>	# of Floors: <b>2</b>	Age in Years: <b>40+/-</b>			
Present Use: <b>apartments</b>	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Hughes/Spelling Development</b>					
Address: <b>214 Key Dr.</b>					
City: <b>Madison</b>	State: <b>MS</b>	Zip: <b>39110</b>			
Contact: <b>Jason Spelling</b>		Tel: <b>662-773-6269</b>			
REMOVAL CONTRACTOR: <b>Environmental Management Plus, Inc.</b>					
Address: <b>P.O. BOX 9361</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39286</b>			
Contact: <b>Alfred Martin, Ph.D.</b>		Tel: <b>601-922-1919</b>			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>Willie Nester - PCM - 6/2020</b>					
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	FT and Mastic			Sq Ft: <b>51,000</b>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <del>6/1/21</del> <b>7/19/21</b> Complete: <b>12/31/21</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					



X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
abatement of acm floor tile and mastic

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

XII. WASTE TRANSPORTER #1

Name: Horton Waste Services

Address: 601 East Sunflower Rd.

City: Cleveland

Contact Person: Steve Horton

State: MS

Zip: 38732

WASTE TRANSPORTER #2 N/A

Tel: 662-588-5092

Name:

Address:

City:

Contact Person:

State:

Zip:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Leflore County Landfill

Address: 1500 US Hwy 49 E South

City: Sidon

Tel: 662-453-8550

State: MS

Zip: 38954

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Authority:

Title:

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:  
All work will be halted for further inspection.

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

Alfred L. Martin, Ph.D.

Type or Print Name

(Signature of Owner/Operator)

5/14/21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred L. Martin, Ph.D.

Type or Print Name

(Signature of Owner/Operator)

5/14/21

(Date)

*Alfred L. Martin* 5/27/21 6/2/21  
*Alfred L. Martin* 5/27/21 7/9/21  
*Alfred L. Martin* 6/2/21  
*Alfred L. Martin* 7/9/21