

"DEF"

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 7/12/2021	Date Received (MDEQ use only) 7/19/2021	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: House				
Address 1407 Hwy 26				
City: Wiggins	State: MS	Zip: 39577		
Site Location: 1407 Hwy 26		Tel: 601 528 2585		
Building Size 1400	# of Floors: 1	Age in Years: >20		
Present Use: closed	Prior Use: House			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Oneal Engineering				
Address: PO Box 369				
City: Wiggins	State: MS	Zip: 39577		
Contact: Jon Bond		Tel: 601 528 2585		
REMOVAL CONTRACTOR Environmental Services				
Address: 253 Delk Road				
City: Hattiesburg	State: MS	Zip: 39401		
Contact: Joe Venus		Tel: 601 408 1005		
OTHER OPERATOR: N/A				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No)				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Stop work call DEQ				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
<ol style="list-style-type: none"> Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed 		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area				Sq Ft: X Sq M:
Vol RACM Off Facility Component	1620			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		7/26/21	Complete:	7/27/21
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:

wet materials pick up with hand tools

XII. WASTE TRANSPORTER #1

Name: Environmental Services

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Joe Venus

Tel: 601 408 1005

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE PBRWA

Name: PBRWA

Address: 5274 Hwy 29 South

City: Ovett

State: MS

Zip: 39573

Tel: 601 5452121

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

Name: N/A

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):

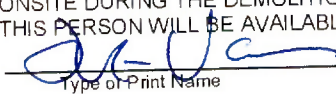
Description of the sudden unexpected event:

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:

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)



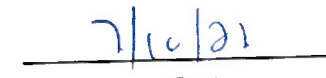
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:



Type or Print Name

(Signature of Owner/Operator)



(Date)