

"Rev"

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) <i>Emailed 9.1.21</i>	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) D					
III. FACILITY DESCRIPTION (include building name, number and floor or room number) Wright Station					
Bidg. Name: G					
Address: 101 Wright Place					
City: Greenwood	State: MS	Zip: 38950			
Site Location: Building G		Tel: 228-348-0072			
Building Size: 1000SF	# of Floors: 1	Age in Years: 50-+			
Present Use: NONE	Prior Use: POWER STATION				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) Power station					
OWNER NAME: Greenwood Utilities					
Address: 101 Wright Place					
City: Greenwood	State: MS	Zip: 38930			
Contact:	Tel:				
REMOVAL CONTRACTOR: Southern Recycling and Demolition, Inc.					
Address: 3685 Sangani Blvd. Ste. L301					
City: D'iberville	State: MS	Zip: 39540			
Contact: Sarah Hickman	Tel: 228-348-0072				
OTHER OPERATOR:					
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):					
PLM, Cragin Knox, ABI-00010646, 02/06/2020					
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	50			Ln Ft: X	Ln M:
Surface Area	120			Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09/03/2021 Complete: 09/09/2021					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09/10/2021 Complete: 09/30/2021					

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

total demolition using excavator

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

wet method, glove bag, negative air, remove intact,

XII. WASTE TRANSPORTER #1

Name: Southern Recycling and Demolition, Inc.

Address: 3586 Sangani Blvd. Ste L301

City: D'Iberville

State: MS

Zip: 39540

Contact Person: Sarah Hickman

Tel: 228-348-0072

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE Leflore County Solid Waste Landfill

Name: Troy Thompson

Address: 15200 Highway 49 South

City: Sidon

State: MS

Zip: 38954

Tel: 662-455-7762

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop removal, contain material and keep wet, assess for additional controls needed, notify MDEQ

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.

Sarah Hickman

Type or Print Name

(Signature of Owner/Operator)

09/01/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Sarah Hickman

Type or Print Name

(Signature of Owner/Operator)

09/01/2021

(Date)