

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. 8. 21</i>	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) C				
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) WW Scott Army Reserve Center				
Bldg. Name: Army Reserve Center				
Address: 186 Commercial Avenue				
City: Jackson	State: MS	Zip: 39209		
Site Location: Bldg. JK101		Tel: 601-355-5543		
Building Size: 32,017	# of Floors: 2	Age in Years: 40+		
Present Use: Military	Prior Use: Military			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: U.S. Army Engineering & Support Center				
Address: Huntsville Engineering & Support Center / P.O. Box 1600				
City: Huntsville	State: AL	Zip: 35807		
Contact: Reneda Kelley		Tel: 256-895-1136		
REMOVAL CONTRACTOR Cross Environmental Services, Inc.				
Address: 753 Lovejoy Rd. NW				
City: Fort Walton Beach	State: FL	Zip: 32548		
Contact: Brandon Bishop		Tel: 850-864-2200		
OTHER OPERATOR: Pfefferman Construction, Inc.				
Address: 2211 Octavia Drive				
City: Chalmette	State: LA	Zip: 70043		
Contact: Dave Pfefferman				
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):				
Survey by Alpha Facilities Solutions - Abatement by ESA South				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> 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 UNIT
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete:				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 08/16/2021 Complete: 10/16/2021				

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

Wet Method by Excavator

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

Stop Work, Wet RACM, and notify MDEQ immediately.

XII. WASTE TRANSPORTER #1

Name: Gaston Hauling LLC

Address: 320 W. Liberaux Street, Apt B

City: Chalmette

State: LA

Zip: 70043

Contact Person: Gaston Coronel

Tel:

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Madison South Landfill

Address: 1716 N. County Line Road

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-981-5577

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: N/A

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 CRUMBLER, 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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Brandon Bishop

(Signature of Owner/Operator)

9/08/21

(Date)