

# 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) <b>10.22.21</b>	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual)					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>ofc chiller</b>					
Address: <b>19120 Hwy 515</b>					
City: <b>Hazelhurst</b>	State: <b>MS</b>	Zip: <b>39083</b>			
Site Location: <b>Hazelhurst</b>		Tel: <b>601-669-0866</b>			
Building Size: <b>Water Chiller</b>	# of Floors: <b>1</b>	Age in Years: <b>50 plus</b>			
Present Use: <b>not in use</b>	Prior Use: <b>chillers</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Ogle Engineering</b>					
Address: <b>19120 Hwy 515</b>					
City: <b>Hazelhurst</b>	State: <b>MS</b>	Zip: <b>39083</b>			
Contact: <b>Wayne Henry</b>		Tel: <b>601-669-0866</b>			
REMOVAL CONTRACTOR					
Address: <b>1260 Wooddell Dr</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39212</b>			
Contact: <b>Joseph Antoine</b>		Tel: <b>601-212-9555</b>			
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):					
<b>Assumed Transit + Air Cell insulation</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed		UNIT	
Pipes: <b>Air cell</b>		✓		Ln Ft: <b>100</b>	Ln M:
Surface Area: <b>Transit</b>				Sq Ft: <b>1,500</b>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>11/5/2021</b>				Complete: <b>11/9/2021</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>11/9/2021</b>				Complete: <b>12/9/2021</b>	

RECEIVED

OCT 22 REC'D

Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS TO BE USED:

Abatement + Demo

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

Keep material wet

XII. WASTE TRANSPORTER #1

Name: same as abatement contractor

Address: State: Zip:

City: State: Zip: Tel:

Contact Person:

WASTE TRANSPORTER #2

Name:

Address: State: Zip:

City: State: Zip: Tel:

Contact Person:

XIII. WASTE DISPOSAL SITE

Name:

Address: 1716 North county line Rd

City: Ridgeland State: MS Zip:

Tel:

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

STOP work notify DEQ

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON SITE 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.

Joseph Antonio Joseph Antonio 10/22/2021

Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antonio Joseph Antonio 10/22/2021

Type or Print Name (Signature of Owner/Operator) (Date)