"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) Em 11.10.21	Notification # (MDEQ use only)

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Eaton Aerospace

Bldg. Name: Engineering Lab - Breakroom Area

Address 5353 Highland Drive

City: Jackson	State: MS	Zip: 39206
Site Location: 5353 Highland Drive		Tel: 601-981-2811
Building Size 270,000 sq ft	# of Floors: 1	Age in Years: 67 yrs
Present Use: Manufacturing	Prior Use: Same since inception	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: EATON Aerospace

Address: 5353 Highland Drive

City: Jackson	State: MS	Zip: 39206
Contact: Tereance Elmore		Tel: 601-987-3239

REMOVAL CONTRACTOR ~~M & M Services, Inc. (ABC-00007007)~~ ANDERSON ENVIRONMENTAL, INC (TAE)

Address: ~~P.O. Box 68431~~ 870 FOLEY STREET (TAE)

City: Jackson	State: MS	Zip: ~~39286~~ 39202 (TAE)
Contact: ~~Rodney Thompson~~ DARYL ANDERSON (TAE)		Tel: ~~601-982-8695~~ 601-354-4400

OTHER OPERATOR:

Address:

City:	State:	Zip:

Contact:

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):

Asbestos inspection 1/7-11/2002 / Analytical sampling method(PLM) by AES Labs / Inspector - Jeff Tomeo

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	0			LnFt:	Ln M:
Surface Area ~250 sq ft	~250	0	0	SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: ~~7/26/2021~~ 9/9/2021 (TAE) Complete: ~~8/26/2021~~ 10/15/2021 (TAE)

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

START 11/11/2021 (TAE) 11/10/2021 Complete 12/31/2021 (TAE) 11/10/2021

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

Remove mastic and floor tile. ACM is non-friable.

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

ACM removal will be in containment area under negative pressure. HVAC off and ducts sealed. Material will be wetted.

XII. WASTE TRANSPORTER #1

Name: ~~M & M Services~~ ANDERSON ENVIRONMENTAL, INC.

Address: ~~239 Distribution Road~~ 870 FOLEY STREET

City: ~~Gluckstadt~~ JACKSON | State: MS | Zip: ~~39110~~ 39202

Contact Person: ~~Rodney Thompson~~ DARYL ANDERSON | Tel: ~~601-982-8695~~ 601-354-4400

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill (BFI Systems of MS) Howard Peterson - Landfill Manager

Address: 1716 County Line Rd

City: Ridgeland | State: MS | Zip: 39157

Tel: 601-982-9488

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Procedure: 1) Stop work 2) Wet Material 3) Notify the owner and project manager

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:

Tereance Elmore Tereance Elmore July 12, 2021

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

Tereance Elmore 8/27/2021