

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 4.7.2022	Date Received (MDEQ use only) 4.11.2022	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O			RECEIVED	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R			APR 11 2022	
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Apartments			APR 11 2022	
Bldg. Name: Timberlawn Apartments			Dept. of Environmental Quality	
Address: 2983 So. Green Street				
City: Tupelo	State: MS	Zip: 38801		
Site Location:			Tel:	
Building Size: 60,000sf +/- (Apartments)	# of Floors: 2	Age in Years: 40+/-		
Present Use: Apartments	Prior Use: same			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Hughes Spellings Dev.				
Address: 214 Key Drive, Ste. 1000				
City: Madison	State: MS	Zip: 39110		
Contact: Jody Foster			Tel: 601 334-1252	
REMOVAL CONTRACTOR: EMP				
Address: PO BOX 9361				
City: Jackson	State: MS	Zip: 39286-9361		
Contact: Alfred Martin			Tel: 601 573-1585	
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):				
Willie Nester				
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				Ln Ft: Ln M:
Surface Area 8 units		FT/Mastic		Sq Ft: 6,000sf Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: April 22, 2022			Complete: 12.31.22	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: April 22, 2022			Complete: 3.31.23	

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

Wet removal

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

XII. WASTE TRANSPORTER #1 RES

Name: RES

Address: 1041 CR 549

City: Ripley

State: ms

Zip: 38663

Contact Person:

Tel: 662-837-4087

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE WM

Name: Prairie Bluff

Address: PO BOX 573

City: Houston

State: MS

Zip:

Tel: 662 456-9560

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:

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.

Alfred Martin, Jr., Ph.D.

Type or Print Name

(Signature of Owner/Operator)

4/6/22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred Martin, Jr., Ph.D.

Type or Print Name

(Signature of Owner/Operator)

4/6/22

(Date)