MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: ☐Email ☐Mail ☐Hand Delivery	Postmark (ma	il only)	I only) Date Received		Al Number		
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): R							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Aquatic and Wetlands Research and Development Center							
Bldg. Name: Aquatic and Wetlands Research and Development Center							
Address: 3909 Halls Ferry Road							
City: Vicksburg		State: MS	State: MS Zip: 391		180		
Site Location: US Army Corps of Engineers - ERDC			rg	Tel: 205-283-7943			
Building Size: Unknown		# of Floors: 1		Age in Years: Unknown			
Present Use: Research and Development Center		Prior Use: Research and Development Center			ent Center		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: US Army Corps of Engineers							
Address: 3909 Halls Ferry Road							
City: Vicksburg State: MS				Zip: 39180			
Contact: Mr. Freddie Demarsh				Tel: 205-283-7943			
ASBESTOS REMOVAL CONTRACTOR: Advanced Environmental Consultants, Inc.							
Address: 775 N. President Street							
_{City:} Jackson		State: MS		zip: 39202			
Contact: Dr. DeJonnette G. King			100	Tel: 601-362-1788			
Certification Number: ABC-00002431 Expirati			Expiration	ion Date: 1/20/23			
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:				Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes							
				ion Date: 8/26/22			
Inspector: Aaron Lee Certification Number: ABI-00007853 Expiration Date: 11/12/22					Date: 11/12/22		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: The mastic was sampled. The sample was shipped to a laboratory. The methodology used was PLM EPA 600/R-93/116.							
VII. QUANTITY OF RACM TO BE REMOVED: 1,102 square feet							
		_{SQ FT):} 1,102	11 15	Volume of Facility Co	omponents (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Category I: Category II: 1,102 square feet of floor tile and mastic							
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/12/22 Complete: 10/14/22							
x. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/12/22 Complete: 10/14/22							

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

Area where work will be conducted will be prepped and contained prior to removal commencing, The flooring will be wetted with water and a surfactant. Floor tile will be removed via use of t-bars which will be used to removed the VCT intact. Mastic remover will be removed via use of mastic remover.

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

Wet method will be applied to all floor tile before and during the removal process.

XIII. WASTE TRANSPORTER #1						
		Tahen Control of the				
Name: Advanced Environmental Consultant	s, Inc.		TO THE PERSON NAMED IN			
Address: 775 North President Street		A STATE OF THE STA				
City: Jackson	State: MS	Zip: 39202				
Contact Person: Dr. DeJonnette G. King		Tel: 601-362-1	788			
WASTE TRANSPORTER #2						
Name:						
Address:						
City:	State:	Zip:	<u> </u>			
Contact Person:		Tel:	Tel:			
XIV. WASTE DISPOSAL SITE						
Name: BFI Little Dixie Landfill						
Address: 1716 N. County Line Road						
City: Ridgeland	State: MS	Zip: 39157				
Contact Person:		Tel: 800-967-2	Tel: 800-967-2488			
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	CY, PLEASE IDENTIFY TI	HE AGENCY BELOW:				
Name:	Title					
Authority:						
Date of Order (MM/DD/YY):	Date Ordere	ed to Begin (MM/DD/YY):				
XVI. 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	d cause equipment damag	e or an unreasonable fina	ncial burden:			
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED			S FOUND OR PREVIOUSLY			
Operations will cease, areas will be contain			notified.			
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PR	ROVISIONS OF THIS REG	ULATION (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.						
Dr. DeJonnette G. King	De Jonnette	gKing	9/28/22			
Type or Print Name	(Signature of Owner/Operato	ord/	(Date)			
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:						
Dr. DeJonnette G. King	le jonnette	gring	9/28/22			
Type or Print Name	(Signature of Owner/Operato	or)	(Date)			