

"Rev"

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 10.24.22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O R				
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):				
Bldg. Name: Jackson-Medgar Wiley Evers International Airport - vacant building on property				
Address: 100 International Dr.				
City: Jackson		State: MS	Zip: 39208	
Site Location: Jackson International Airport Property			Tel:	
Building Size: 1,500 sf		# of Floors: 1	Age in Years: 50+	
Present Use: vacant		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Jackson Municipal Airport Authority				
Address: 100 International Dr., Ste, 300				
City: Jackson		State: MS	Zip: 39208	
Contact: Bobby McMurtry			Tel: 601-939-5631	
ASBESTOS REMOVAL CONTRACTOR: Environmental Management Plus, Inc.				
Address: P.O. Box 9361				
City: Jackson		State: MS	Zip: 39286	
Contact: Alfred Martin, Ph.D.			Tel: 601-922-1919	
Certification Number: ABC-1568			Expiration Date: 3/10/23	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes <u>-PLM</u>				
WAS ASBESTOS PRESENT? (Yes/No): yes			Inspection Date: 8/22 9/21/22	
Inspector: Alfred Martin, Ph.D.		Certification Number: ABI-1570	Expiration Date: 3/11/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floor tile and mastic				
VII. QUANTITY OF RACM TO BE REMOVED: floor tile and mastic				
Pipes (LN FT):	Surface Area (SQ FT): 1500 sf		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/31/22 11/5/22 Complete: 11/1/22 11/6/22				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Asbestos abatement of floor tile and mastic utilizing hand tools.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: wet method with containment		
XIII. WASTE TRANSPORTER #1		
Name: Environmental Management Plus, Inc.		
Address: P.O. Box 9361		
City: Jackson	State: MS	Zip: 39286
Contact Person: Alfred Martin, Ph.D.	Tel: 601-922-1919	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Little Dixie Landfill		
Address: 1716 N. County Line Rd.		
City: Ridgeland	State: MS	Zip: 39157
Contact Person:	Tel: 800-967-2488	
XV. 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):	
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 cause equipment damage or an unreasonable financial burden:		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: All work will be halted for further inspection.		
XVIII. 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, Ph.D.	<i>Alfred L. Martin, Ph.D.</i> (Signature of Owner/Operator)	^{10/24/22} 10/20/2022 (Date)
Type or Print Name		
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Alfred Martin, Ph.D.	<i>Alfred L. Martin, Ph.D.</i> (Signature of Owner/Operator)	^{10/24/22} 10/20/2022 (Date)
Type or Print Name		