

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 8/22/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O				
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: GLOVER WILKINS LOCK & DAM				
Address 60089 LOCK B ROAD				
City: SMITHVILLE	State: MS	Zip: 38870	County: MONROE	
Site Location: THROUGHOUT		Tel: 662-245-5486		
Building Size 25000+	# of Floors: 2	Age in Years: 46		
Present Use: LOCK AND DAM	Prior Use: LOCK AND DAM			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: ARMY CORP ENGINEERS - TN TOMBIGBEE WATERWAYS				
Address: POST OFFICE DRAWER 671				
City: COLUMBUS	State: MS	Zip: 39703		
Contact: ROGER WILSON JR	Tel: 662-574-7316			
ASBESTOS REMOVAL CONTRACTOR: AMBIPAR RESPONSE ALABAMA				
Address: 8500 DUNNAVANT ROAD				
City: LEEDS	State: AL	Zip: 35094		
Contact: DUANE BOATRIGHT	Tel: 205.546.0205			
Certification Number: ABS-00012909	Expiration Date: 05/24/2025			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 03/16/1994		
Inspector: NA	Certification Number: NA	Expiration Date: NA		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: bulk samples - lab analysis				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 1100	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: floor tile & mastic		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09/09/2024			Complete: 09/20/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**

wet methods, manual means, air containment

XIII. WASTE TRANSPORTER #1

Name: Ambipar Response Alabama

Address: 8500 Dunnivant Road

City: Leeds

State: AL

Zip: 35094

Contact Person: Duane Boatright

Tel: 205.546.0205

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Big Sky Environmental

Address: 5100 Flat Top Road

City: Adamsville

State: AL

Zip: 35055

Contact Person:

Tel:

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Sample, Notify, Abate

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.

Duane Boatright

Type or Print Name


(Signature of Owner/Operator)

08/22/2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Duane Boatright

Type or Print Name


(Signature of Owner/Operator)

08/22/2024

(Date)