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)	Notification # (MDEQ use only)

RECEIVED JUN 24 2020

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:

Address: 352 Archie St.

City: Sledge | State: MS | Zip:

Site Location: | Tel:

Building Size: 1000 sqft | # of Floors: 1 | Age in Years: 40+/-

Present Use: house | Prior Use:

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

OWNER NAME: Lucille Gross

Address: 352 Archie St.

City: Sledge | State: MS | Zip:

Contact: Danny Tate | Tel:

REMOVAL CONTRACTOR: Environmental Management Plus

Address: P.O. Box 9361

City: Jackson | State: MS | Zip: 39286

Contact: Alfred Martin, Jr. | Tel: 601-922-1919

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):

PCM - Alfred Martin, Jr. 12/10/19

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				LnFt:	Ln M:
Surface Area	Exterior window putty			SqFt: 2160	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/7/20 Complete: 7/7/20

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

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

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

XII. WASTE TRANSPORTER #1

Name: EMP		
Address: P.O. Box 9361		
City: Jackson	State: MS	Zip: 39286
Contact Person: Alfred Martin Jr.		Tel: 601-922-1919

WASTE TRANSPORTER #2

Name: N/a		
Address:		
City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI-Little Dixie Landfill		
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:
All work will be haulted for further inspection

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 L Martin, Jr [signature] 6/23/2020
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred L Martin, Jr [signature] 6/23/2020
Type or Print Name (Signature of Owner/Operator) (Date)