MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project # G.S.C. Job #20-320	Postmark 7/01/2020	Date Received (MDEQ use only)	Notification # (MDEQ use only)

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) D

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Parcel # 001-00-00-W

Address 11301 Highway 19 South

City: Philadelphia	State: MS	Zip: 39350
Site Location: Barn 2 - IMP# 8152 (has ACM), 8152, 8153, 8154, 8155		Tel: 601-359-7563
Building Size 7,970 total SF for all 7 structures on this parcel	# of Floors: 1	Age in Years: 55 +/-
Present Use: Vacant Private Residence	Prior Use: Private Residence	

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

OWNER NAME: Mississippi Department of Transportation-Neshoba County MDOT Project # 103896-201000

Address: Consultant Services Unit- 90-01, Suite 10083 - 401 North West Street

City: Jackson	State: MS	Zip: 39201
Contact: Blane Jackson		Tel: 601-359-7563

REMOVAL CONTRACTOR Gulf Services Contracting, Inc.

Address: 5000 Rangeline Rd

City: MOBILE	State: AL	Zip: 36619
Contact: Sean Brandon		Tel: 251-443-8161

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):

BULK, PLM, EarthCon Consultants, Inc. DATED 12/17/19 By Anna C Serrano

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	Linoleum flooring & Mastic			SqFt: 165	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/15/2020 Complete: 7/16/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/17/2020 Complete: 8/14/2020

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

ABATEMENT AND DEMOLITION

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

Negative Pressure containment, wet method, remove intact

XII. WASTE TRANSPORTER #1

Name: Gulf Services Contracting, Inc.

Address: 5000 Rangeline Road

City: Mobile	State: Al	Zip: 36619

Contact Person: Sean Brandon | Tel: 251-443-8161

WASTE TRANSPORTER #2

Name: AmWaste

Address: 1000 S. Lawrence Street

City: Mobile	State: Al	Zip: 36603

Contact Person: Jordan Collins | Tel: 251-487-0047

XIII. WASTE DISPOSAL SITE

Name: Turkey Trot Landfill

Address: 2328 Mannish Ryan Road

City: Citronelle	State: Al	Zip: 36522

Tel: 251-366-6180

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A | Title:

Authority:

Date of Order (MM/DD/YY): | Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

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:

N/A

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:

STOP WORK. TEST MATERIALS. NOTIFY OWNER AND MDEQ OF ANY CHANGES.

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.

Sean Brandon — Sean Brandon — 7/01/2020

Type or Print Name — (Signature of Owner/Operator) — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Sean Brandon — Sean Brandon — 7/01/2020

Type or Print Name — (Signature of Owner/Operator) — (Date)