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)

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Revision 4B

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo

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

Bldg. Name: Parcel 12: One Story Brick Residence (Garage Only) & Metal Shed

Address 604 Hwy 11 N.

City: Picayune	State: MS	Zip:
Site Location:		Tel:
Building Size 400 SF & 80 SF	# of Floors: 1	Age in Years: Unknown
Present Use: Garage, Warehouse	Prior Use: Same	

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

OWNER NAME: MS Department of Transportation (ROW Division)

Address: PO Box 1850

City: Jackson	State: MS	Zip: 39215
Contact: Blane Jackson		Tel: 601 359-7563

REMOVAL CONTRACTOR Century Construction Group, Inc.

Address: PO Box 1366

City: Tupelo	State: MS	Zip: 38802
Contact: Dalton Lincoln		Tel: 662 210-2220

OTHER OPERATOR:

Address:

City:	State:	Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No) No

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

Pickering Firm, 2001 Airport Rd., Suite 201, Flowood, MS 39232; 03/13/2019

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	None			SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/12/2020 Complete: 11/13/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/19/2020 Complete: 11/20/2020

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

Excavator

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

Wet Method Removal

XII. WASTE TRANSPORTER #1

Name: Century Construction Group, Inc.

Address: PO Box 1366

City: Tupelo | State: MS | Zip: 38802

Contact Person: Dalton Lincoln | Tel: 662 210-2220

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management - Central Landfill

Address: 8800 US 11

City: McNeill | State: MS | Zip: 39457

Tel: 800 963-4776

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

Name: MS Department of Transportation | Title: ROW Division

Authority: Blane Jackson

Date of Order (MM/DD/YY): 07/13/2020 | Date Ordered to Begin (MM/DD/YY): ASAP

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:

Stop & Test

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.

Dalton Lincoln, Project Manager — 09/28/2020

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

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dalton Lincoln,Project Manager — 09/28/2020

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