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) Original

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

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) 4396 Highway 741 S

Bldg. Name: Old Lab		
Address 4396 Highway 741 S		
City: Kosciusko	State: MS	Zip: 39090
Site Location: Enbridge		Tel:
Building Size 25x25	# of Floors: 1	Age in Years: 45
Present Use: nothing	Prior Use: Labratory	

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

OWNER NAME: Enbridge Gas		
Address: 4396 Highway 741 S		
City: Kosciusko	State: MS	Zip: 39090
Contact: Tim Edwards		Tel: 662) 289-2991
REMOVAL CONTRACTOR Community Construction Inc		
Address: 1045 Panther Ridge Pkwy		
City: Hazlehurst	State: MS	Zip: 39083
Contact: Fabio Santos		Tel: 6018945239
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):

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		floor tiles		LnFt: 25	Ln M: 25
Surface Area		ceiling tiles		SqFt: 25	Sq M: 25
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/24/2020 Complete: 10/24/2020

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

RECEIVED
SEP 30 2020
Dept. of Environmental Quality

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

ceiling tiles to be wet and hand removed. floor tiles to be wet and scraped

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

Proper wetting tecniques. Negative air, PPE * see attached list

XII. WASTE TRANSPORTER #1

Name: E3

Address: 1018 Industrial Park Dr

City: Clinton | State: MS | Zip: 39056

Contact Person: Brian Wadford | Tel: 601 850-0793

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address: 2253 Mullins Rd

City: Lake | State: MS | Zip:

Tel: 601 536-3240

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:

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.

Philip Lyons — Type or Print Name | (Signature of Owner/Operator) | 9/14/20 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

FABIO SANTOS — Type or Print Name | (Signature of Owner/Operator) | 09/14/2020 (Date)