

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) 0					
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: <u>Habitat Warehouse</u>					
Address: <u>615 Stonewall St.</u>					
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39213</u>			
Site Location:		Tel:			
Building Size: <u>10,000 sf</u>	# of Floors: <u>1</u>	Age in Years: <u>50+</u>			
Present Use: <u>warehouse</u>	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>Habitat for Humanity</u>					
Address: <u>615 Stonewall St.</u>					
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39213</u>			
Contact: <u>Kelle Monagin</u>	Tel: <u>601-353-6060</u>				
REMOVAL CONTRACTOR: <u>Environmental Management Plus, Inc.</u>					
Address: <u>P.O. Box 9361</u>					
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39216</u>			
Contact: <u>Alfred Martin, Ph.D.</u>	Tel: <u>601-922-1919</u>				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<u>Alfred Martin, Jr. Ph.D.</u> <u>Visual</u> <u>1/11/21</u>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Category I	Category II	UNIT
Pipes					Ln Ft: Ln M:
Surface Area	<u>Floor Tile</u>				Sq Ft: <u>3500</u> Sq M:
Vol RACM Off Facility Component					Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				Complete: <u>3/1/21</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				Complete:	

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

Asbestos abatement of floor tile

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

glomabassing, wet method

XII. WASTE TRANSPORTER #1

Name: ADS
Address: P.O. Box 1296
City: Clinton State: MS Zip: 39060
Contact Person: Donna Tel: 601-925-0507

WASTE TRANSPORTER #2

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

XIII. WASTE DISPOSAL SITE

Name: Little Dixie landfill
Address: 1716 N. Countyline 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 ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

all work will be halted 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 Martin, Jr. P.D. Alfred Martin (Signature of Owner/Operator) 2/4/21 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred Martin, Jr. Alfred Martin (Signature of Owner/Operator) 2/4/21 (Date)