

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) Revised					
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) Fishing vessel 40 ft X 190 ft					
Bldg. Name: Frosty Morn					
Address 5659 Elder Ferry Road					
City: Moss Point	State: MS	Zip: 39563			
Site Location: Same as above			Tel: 228-457-9052		
Building Size NA	# of Floors: NA	Age in Years:			
Present Use: Fishing	Prior Use: Fishing				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Omega Protein, Inc.					
Address: 610 Menhaden Road					
City: Reedville	State: VA	Zip: 22539			
Contact: Tim Milligan	Tel: 228-623-9657				
REMOVAL CONTRACTOR Global Contracting, LLC					
Address: 226 Harry Sones Road					
City: Carriere	State: MS	Zip: 39426			
Contact: Ray Borries	Tel: 228-219-3659				
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):					
Grab, Polarized Light Microscopy, Dave Bingham, 1/12/2021					
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
BASE BOARDS WITH MASTIC		Assumed	NA	NA	Ln Ft: Ln M: 12
Surface Area Fdrepeak walls/ceiling		Chrysotile	NA	NA	Sq Ft: 400 Sq M:
Vol RACM Off Facility Component:					Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/15/2021				Complete: 03/31/2021	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/15/2021				Complete: 05/15/2021	

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

Remove asbestos using power/hand tools and place in labeled containers.

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

Dust collector filtration system and a 2-stage decontamination room.

XII. WASTE TRANSPORTER #1

Name: Greer Enterprises, LLC

Address: 1909 Brookdale Drive West

City: Mobile

State: AL

Zip: 36618

Contact Person: Danielle Bolte

Tel: 251-679-1967

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Pecan Grove Landfill

Address: 9685 Firetower Road

City: Pass Christian

State: MS

Zip: 39571

Tel: 228-255-5553

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

Name: NA

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: NA

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

The team will first remove the asbestos, then lead paint and be on site for 60 days total.

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.

TIM MULLIGAN

Type or Print Name

(Signature of Owner/Operator)

2/26/21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)