

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

Revised: 2/00

I. TYPE OF NOTICE: () Original () Revision () Canceled
() Annual () Info. Only

II. TYPE OF PROJECT: () Renovation () Demolition
() Ordered Demolition () Emergency Renovation

III. SITE INFORMATION: Name: _____
Description: _____
Address: _____
City: _____ County: _____ State: _____ Zip: _____
Contact Person: _____ Telephone: _____

IV. OWNER INFORMATION: Name: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

V. ASBESTOS REMOVAL CONTRACTOR: Name: _____
Certification No.: _____ Exp. Date: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

VI. CONTRACTOR (Other): Name: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: ____/____/____ Removal Project Stop: ____/____/____

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: ____/____/____ Project Stop: ____/____/____ Prep. Date: ____/____/____

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): _____ Bldg. Size (LN FT): _____
No. of Floors _____ Age in Years: _____
Present Use: _____ Prior Use: _____

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? () yes () no
Inspection Date: ____/____/____ Asbestos Present? () yes () no
Inspector: _____ Cert. No.: _____ Exp. Date: _____
Identify suspect materials sampled: _____
Laboratory Analysis: TEM _____ PLM _____ Other _____
Name of Laboratory: _____

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface Area (SQ FT) _____
Volume of Facility Components (CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS - _____ NOT REMOVED _____ TO BE REMOVED:
Category I: ____/____ Category II: ____/____

XIII. WASTE TRANSPORTER: Name: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

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XIV. WASTE ASBESTOS DISPOSAL SITE: Name: _____
Physical Location: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____
* All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name: _____
Physical Location: _____
Full Mailing Address: _____
Contact Person: _____ Telephone: _____
* All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):
Strip & Removal Double Bagging Mechanical Chipping Component Removal
Wrecking Ball Gross Demolition Remove Intact Bulldozer
Containment Glove Bag Explode Negative Air
Wet Method Roofing Saw Other - Explain Below:

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:

*Will MDEQ be notified of any significant changes? () yes () no

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: _____ Title: _____
Authority: _____
Date of Order: _____ Date Demolition to Begin: ____/____/____

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ____/____/____, Time: ____:____
Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.

Type or Print Name and Title Signature Date

MAIL TO: Office of Pollution Control
101 West Capitol Street, Suite 100 OR P.O. Box 10385
Jackson, MS 39201 Jackson, MS. 39289-0385
(601) 961-5171