Print Form

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

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.: _____ Expiration 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 (LNFT): _____
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.: _____ Expiration 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/RENOVATION 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 DEMOLITIONOR RENOVATION WORK:
_____
_____
_____
_____

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
_____
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_____
*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 & Title **Signature** **Date**

MAIL TO: **Office of Pollution Control**
P.O. Box 2261
Jackson, MS 39225
(601) 961-5171

Physical Address **515 Amite Street**
Jackson, MS 39201