

# 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)				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:				
Address				
City:	State:	Zip:		
Site Location:		Tel:		
Building Size	# of Floors:	Age in Years:		
Present Use:	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
REMOVAL CONTRACTOR				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
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):				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		Category I	Category II	UNIT
Pipes				LnFt:      Ln M:
Surface Area				SqFt:      Sq M:
Vol RACM Off Facility Component				CuFt:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:			Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

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

XII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

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 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.

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
(Signature of Owner/Operator)

\_\_\_\_\_  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
(Signature of Owner/Operator)

\_\_\_\_\_  
(Date)

Instructions for Demolition and Renovation Form:

Top of form. The “*Operator Project #*” and “*Postmark*” spaces are for facility use if needed by any owner/operator project identification and to report the date the notification is mailed. *Please use the above address to mail or hand deliver notifications to MDEQ.*

The “*Date Received*” and “*Notification #*” are spaces intended for MDEQ use only.

Section I. Select from the choices provided.

Section II. Select from the choices provided.

Section III. An entry is needed for each listed item. The information for each item is a requirement of the regulations.

Section IV. Identify the responsible owner, removal contractor, and other operator (if applicable) and give complete address and contact information for each. The asbestos removal contractor must operate under a valid certification license from MDEQ and all others performing asbestos abatement activity must have the appropriate asbestos abatement certification.

Section V. Select from the choices provided and identify the asbestos material found. Note: The determination of the presence of asbestos requires a thorough inspection of the facility subject to the demolition or renovation operation and the individual performing this inspection must have MDEQ asbestos abatement *Inspector* certification.

Section VI. Please refer to the Note for Section V above. Give name of inspector and inspection date. Also, identify every material suspected/tested for asbestos and the test methodology.

Section VII. Use the “*RACM to be Removed*” column to provide the approximate amount of friable asbestos material to be removed. This includes non-friable Category I material that has become friable or Category I material that will or has been subjected sanding, grinding, cutting, or abrading. It also includes Category II non-friable material that has a high probability of becoming or has become crumbled, pulverized, or reduced to powder by the forces expected to act on the material in the course of demolition or renovation operations.

*(Section VII instructions continue on the next page)*

Use the “*Non-friable Asbestos Material Not To Be Removed*” columns only for Demolition operations where Category I and/or Category II material will be left in place. Enter for each type of material the approximate amount to not be removed in advance of the demolition operation.

Use the “Unit” columns to identify unit(s) of measurement for the asbestos amounts reported for #1, #2, and #3.

Section VIII. Provide the dates for both the actual start and expected completion of asbestos removal. Changes in these dates should be reported in a “Revised” notification to MDEQ.

Section IX. Provide the dates for both the actual start and expected completion of the demolition and/or renovation operation or project. Changes in these dates should be reported in a “Revised” notification to MDEQ.

Section X. Tell of what is to be undertaken and why or how. For example, the removal of asbestos material to avoid any demolition or renovation disturbance of the material.

Section XI. Use this space to identify emission control procedures to be employed to satisfy the requirements of the regulation. For example, note emission control procedures/methods to be employed or used (adequate wetting, ploy containment, negative air, waste bagging/labeling, glove bags, etc.).

Section XII. Identify the responsible waste transporter(s) and give complete contact information for each.

Section XIII. Identify the waste disposal site to be used and give complete contact information. Asbestos waste must be deposited at a landfill waste disposal facility that is approved or permitted to receive asbestos waste. Permitted asbestos waste disposal sites in the State of Mississippi may be found on the MDEQ web site.

Section XIV. Each item listed for an *Ordered Demolition* must be answered to satisfy the requirements of the regulation.

Section XV. Each item listed for *Emergency Renovations* must be answered to satisfy the requirements of the regulations.

Section XVI. In the event of unexpected asbestos being discovered during the performance of a demolition or renovation operation, immediate steps should be taken to bring operations into compliance with the regulations. This may require operations to be halted and conditions secured, and discussions with MDEQ for the proper course of action.

Signatures. The notification should be signed (both certifications) by the owner and/or operator in control of the regulated activity, or that person's authorized representative. Please include the typed or printed name with each signature.

Submission. Project notifications should be mailed or delivered to:

MDEQ Asbestos Section  
515 E. Amite Street  
Jackson, MS 39201