

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

**Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201**

<b>MDEQ Use Only:</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		<b>Postmark (mail only)</b>	<b>Date Received</b>	<b>AI Number</b>
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual)				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number)				
Bldg. Name:				
Address				
City:	State:	Zip:	County:	
Site Location:		Tel:		
Building Size	# of Floors:	Age in Years:		
Present Use:		Prior Use:		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
ASBESTOS REMOVAL CONTRACTOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
Certification Number:		Expiration Date:		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No):		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I:		Category II:		
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start:			Complete:	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start:			Complete:	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>XIV. WASTE DISPOSAL SITE</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:</b>		
<b>XVIII. 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.</b>		
_____	_____	_____
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
_____	_____	_____
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. Site location references the location in the building where ACM will be removed.

Section IV. Identify the responsible owner, asbestos 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. Identify every material suspected/tested for asbestos and the test methodology.

Section VII. 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 VIII. Use these 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.

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

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

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

Section XVII. 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 emailed to:

notifications@mdeq.ms.gov

If requested by MDEQ staff, project notifications should be mailed or delivered to:

MDEQ Asbestos and Lead Branch  
515 E. Amite Street  
Jackson, MS 39201