

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) <u>O</u>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>D</u>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <u>Mize Gym</u>							
Bldg. Name: <u>Mize High School Gym</u>							
Address: <u>125 School Rd</u>							
City: <u>Mize</u>				State: <u>MS</u>		Zip: <u>39116</u>	
Site Location: <u>Mize High School</u>						Tel:	
Building Size: <u>over 5000 sq ft</u>				# of Floors: <u>1</u>		Age in Years: <u>over 30</u>	
Present Use: <u>Gym</u>				Prior Use: <u>Gym</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>Smith County School District</u>							
Address: <u>212 Sylvarena Ave</u>							
City: <u>Raleigh</u>				State: <u>MS</u>		Zip: <u>39153</u>	
Contact: <u>Robert Miles</u>				Tel: <u>601 782 4296</u>			
REMOVAL CONTRACTOR: <u>Abatement Contractor of MS</u>							
Address: <u>7601 Weatherby Rd</u>							
City: <u>Hattiesburg</u>				State: <u>MS</u>		Zip: <u>39402</u>	
Contact: <u>Charles Anderson</u>				Tel: <u>601 270 8179</u>			
OTHER OPERATOR: <u>same as Removal Contractor</u>							
Address:							
City:				State:		Zip:	
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No) <u>Yes</u>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include Inspector name and date of inspection): <u>Albert Lowe Inspector</u>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed				Category I	Category II	UNIT	
Pipes						Ln Ft:	Ln M:
Surface Area				<u>1400 sq ft tie/mastic</u>		Sq Ft: <u>1400</u>	Sq M:
Vol RACM Off Facility Component				<u>20 windows (20)</u>		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>4-14-17</u>				Complete: <u>4-21-17</u>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>4-15-17</u>				Complete: <u>5-21-17</u>			

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APR - 5 2017

Dept. of Environmental Quality

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

Remove Asbestos / tear down partial Building

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

Renovul Contractor

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Mendenhall Rubish Site

Address:

P.O. Box 487

City:

Mendenhall

State:

MS

Zip:

39114

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.

Chris Adams
Type or Print Name

[Signature]
(Signature of Owner/Operator)

3-30-17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Adams
Type or Print Name

[Signature]
(Signature of Owner/Operator)

3-30-17
(Date)