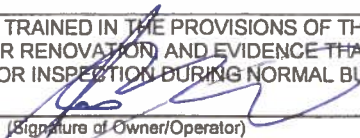


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) <span style="float: right;">O</span>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">R</span>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Early Childhood Education Center				
Address 1402 N. Green Street				
City: Tupelo	State: MS	Zip: 38804		
Site Location: Roof and Windows		Tel: 662-840-5237		
Building Size 32,300 SF	# of Floors: 1	Age in Years: 60		
Present Use: Pre School	Prior Use: Pre School			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Tupelo Public School District				
Address: 72 South Green Street				
City: Tupelo	State: MS	Zip: 38804		
Contact: Julie Hinds	Tel: 662-841-8850			
REMOVAL CONTRACTOR Gulf Services Contracting, Inc.				
Address: 5000 Rangeline Road				
City: Mobile	State: AL	Zip: 36619		
Contact: Jonathan Valle	Tel: 251-443-8161			
OTHER OPERATOR: N/A				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) <span style="float: right;">Yes</span>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): PLM Bulk Sample Martin A. Cooke, ABI-00002227, February 26, 2013				
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		300 SF window putty	300 SF Window Glazing	Sq Ft:      Sq M:
Vol RACM Off Facility Component		600 SF Roofing		Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/23/2017 Complete: 06/15/2017				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/22/2017 Complete: 07/30/2017				

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<b>X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Removal of windows in order for renovations to be completed by others.		
<b>XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Wet Methods - Component removal intact.		
<b>XII. WASTE TRANSPORTER #1</b>		
Name: Three Rivers Landfill		
Address: 1904 Pontotoc Parkway		
City: West Pontotoc	State: MS	Zip: 38863
Contact Person: Amanda Satterfield	Tel: 662-0444	
<b>WASTE TRANSPORTER #2</b>		
Name: N/A		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIII. WASTE DISPOSAL SITE</b>		
Name: RES		
Address: P.O.Box 575		
City: Ripley	State: AL	Zip: 38633
Tel: 662-837-4087		
<b>XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: N/A	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XV. FOR EMERGENCY RENOVATIONS: N/A</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: N/A		
<b>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:</b> Stop work. Test Materials. Notify owner and MDEQ of any changes.		
<b>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.</b>		
Jonathan Valle <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	May 8, 2017 <small>(Date)</small>
<b>XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Jonathan Valle <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	May 8, 2017 <small>(Date)</small>