

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 5/9/2017	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual)      O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)      R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)      Picayune High School				
Bldg. Name: Picayune High School - NJROTC Room and Offices				
Address 800 Fifth Ave.				
City: Picayune	State: MS	Zip: 39466		
Site Location: NJROTC Room and Offices		Tel: 601-798-1380		
Building Size 50,000	# of Floors: 2	Age in Years: 75		
Present Use: School	Prior Use: School			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Picayune Public Schools				
Address: 706 Goodyear Blvd				
City: Picayune	State: MS	Zip: 39466		
Contact:		Tel: 601-798-3230		
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.				
Address: PO Box 15925				
City: Hattiesburg	State: MS	Zip: 39404		
Contact: William H. Stamps		Tel: 601-264-5550		
OTHER OPERATOR: Owner				
Address: same as above				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No)      Yes - Floor tile and mastic (1,680SF)				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Willie Nester - Pickering				
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	1,680			Sq Ft: X      Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/30/2017				Complete: 6/2/2017
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/30/2017				Complete: 6/30/2017

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 Dept. of Environmental Quality

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

Removal of ACM flooring

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

Containment will be established with poly critical barriers with negative air. All ACM will be wetted and manually removed. Waste will be placed in clear, labeled, poly bags and placed in properly lined container for disposal.

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services, Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management - Central Landfill

Address: 8900 Hwy 11

City: McNeill

State: MS

Zip: 39457

Tel: (601) 795-2500

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:

All work will stop. MDEQ will be notified.

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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

5/9/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

5/9/17

(Date)