

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) 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) Biology Lab			
Bldg. Name: Heritage Academy High School			
Address 625 Magnolia Lane			
City: Columbus	State: MS	Zip: 39705	
Site Location: Classroom		Tel: 662-327-5272	
Building Size Approximately 40,000 S.F.	# of Floors: 1	Age in Years: Over 25	
Present Use: School	Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Heritage Academy			
Address: 625 Magnolia Lane			
City: Columbus	State: MS	Zip: 39705	
Contact: Bill Whittle		Tel: 662-329-4883	
REMOVAL CONTRACTOR Environmental Evaluation & Control			
Address: P.O. Box 5422			
City: Columbus	State: MS	Zip: 39704	
Contact: Ron Robinson		Tel: 662-328-2286	
OTHER OPERATOR: Weathers Construction			
Address: 1396 MS-69			
City: Columbus	State: MS	Zip: 39702	
Contact: Mark Maloy			
V. IS ASBESTOS PRESENT? (Yes/No) Yes			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): IATL Labs, PLM Method			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed	Indicate Unit of Measurement Below
		Category I	Category II
			UNIT
Pipes			Ln Ft: Ln M:
Surface Area	Floor Tile & Mastic		Sq Ft: 912 Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/08/17		Complete: 06/10/17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 06/11/17		Complete: 08/01/17	

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Dept. of Environmental Quality

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

Removal of asbestos containing materials using wet method

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

Strip & Removal, Wet Method, Double Bagging

XII. WASTE TRANSPORTER #1

Name: Environmental Evaluation & Control, Inc.

Address: P.O. Box 5422

City: Columbus

State: MS

Zip: 39704

Contact Person: Ron Robinson

Tel: 662-328-2286

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Ro Bo Landfill

Address: Route 1, Box 33A

City: Scooba

State: MS

Zip: 39361

Tel: 662-793-4795

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:

Contain & seal off work area, wet materials, utilize negative air (HEPA filtered) equipment as necessary. Seal asbestos in bags.

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.

Ron Robinson

Type or Print Name

(Signature of Owner/Operator)

05-25-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ron Robinson

Type or Print Name

(Signature of Owner/Operator)

05-25-17

(Date)