



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)				
Bldg. Name: North Pike Middle School				
Address: 2034 Hwy 44 NE				
City: Summit	State: MS	Zip: 39666		
Site Location:		Tel: 601-276-2216		
Building Size: 10,000 sq ft	# of Floors: 1	Age in Years:		
Present Use: School	Prior Use: School			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: North Pike School District				
Address: 1036 Jaguar trail				
City: Summitt	State: MS	Zip: 39666		
Contact: Loren Harris		Tel:		
REMOVAL CONTRACTOR: ARC Abatement I, Ltd.				
Address: 49045 Hwy 51				
City: Tickfaw	State: LA	Zip: 70466		
Contact: Brett Sheridan		Tel: 985-956-7061		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
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):				
Bulk Sample-Joe Venus Jr.-07/21/2016				
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			Sq Ft: 300 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/05/2017 Complete: 06/07/2017				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Work will be done within full containment using wet methods and hand tools. All materials will be		
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		
Name: ARC Abatement I, Ltd.		
Address: 49045 Hwy 51		
City: Ticklaw	State: LA	Zip: 70466
Contact Person: Brett Sheridan	Tel: 985-956-7061	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIII. WASTE DISPOSAL SITE		
Name: Pecan Grove Landfill		
Address: 9685 Firetower Road		
City: Pass Christian	State: MS	Zip: 39571
Tel: 228-255-5553		
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 Notify DEQ Immediately		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE 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		
Lee Patterson		05/24/2017
Type or Print Name	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Lee Patterson		05/24/2017
Type or Print Name	(Signature of Owner/Operator)	(Date)