MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201 Mail notification to: (MDEQ use only) Date Received (MDEQ use only) Notification # Operator Project # Postmark I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Renovation III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Poplarville High School Cafeteria Bldg. Name: Poplarville High School Cafeteria Address 1 Hornet Drive Zip: 39470 State: MS City: Poplarville Site Location: Poplarville High School, Poplarville, MS Tel: (601)794-4826 Age in Years: 30+ Building Size 5000 sq ft # of Floors: 1 Prior Use: School Cafeteria Present Use: School Cafeteria IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: Poplarville School District Address: 302 South Julia Street Zip: 39470 State: MS City: Poplarville Contact: Gene Stevens Tel: (601)795-7294 REMOVAL CONTRACTOR Global Contracting, LLC Address: 226 Harry Sones Road State: MS Zip: 39426 City: Carriere Contact: Eddie Blossman Tel: (601)795-3401 OTHER OPERATOR: DNP, Inc. Address: 15465 Hudson Krohn Road State: MS Zip: 39532 City: Biloxi Contact: Darren Quave V. IS ASBESTOS PRESENT? (Yes/No) VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Inspector: Willie Nestor Inspection Date: 11/28/2016, Analytical Method: PLM, Items Tested Floor tile/mastic, roofing, caulking, patch,cove base/mastic/ceiling tiles stage curtains2850 Nonfriable VII. APPROXIMATE AMOUNT OF ASBESTOS Asbestos INCLUDING: Material Not Indicate Unit of **RACM** Measurement Below To Be Removed To Be Regulated ACM to be Removed Category I ACM Not Removed Removed UNIT Category II ACM Not Removed Category I Category II Ln M: LnFt: **Pipes** Surface Area 2850 sq ft SqFt: 2850 Sq M: Cu M: Vol RACM Off Facility Component Complete: July 7, 2017 June 6, 2017 VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: June 5, 2017 Complete: August 7, 2017 IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:



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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of approximately 2800 sq ft of floor tile/mastic, caulking from 24 windows, 20 sq ft of rous XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE **DEMOLITION OR RENOVATION SITE:** Use full negative pressure containments and wet removal methods for the removal of the asbestos containing materials. XII. WASTE TRANSPORTER #1 Global Contracting, LLC Name: Global Contracting, LLC Address: 226 Harry Sones Road City: Carriere State: MS Zip: 39426 Contact Person: Eddie Blossman Tel: (601)795-3401 WASTE TRANSPORTER #2 Name: Address: State: Zip: City: Tel: Contact Person: XIII. WASTE DISPOSAL SITE Name: Central Landfill-Waste Management Address: 8680 Hwy 11 North Zip: 39457 City: McNeill State: MS Tel: (601)795-2500 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Title: Name: Authority: Date Ordered to Begin (MM/DD/YY): Date of Order (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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop work immediately, contact supervisor, make proper notifications to MDEQ 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. delut EDDIEBLOSSMAN (Signature of Owner/Operator) Type or Print Name XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS FODIE BLOSSMAN Type or Print Name (Signature of Owner/Operator)