MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asi	estos Section, 515	E. Amile Street	, Jackson, Mis 37			
Operator Project # Postmark		Date Received	(MDEQ_use only)	Notification #	(MDEQ_use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual)						
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)						
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)						
Bldg. Name: CTE Building. Coldwater. MS						
Address 165 W. Central Ave						
city: Coldwater	State: MS		zip: 38618			
Site Location:			Tel:			
Building Size 4000. SF.		Floors: Age in Years:				
Present Use: Technical School		ruse: Fechnical School.				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)						
OWNER NAME: Tate County School Distric						
Address: 165 W Central tre						
city: Coldwaty	State:	MS	zip: 38618			
contact: Daryl Scoggin, PhD			Tel: 462 622 554).			
REMOVAL CONTRACTOR MYP CONSONCTION RIK						
Address: 130 Walley Cr					·	
city: Richland		State: NS zip: 3948				
Contact: Nanely Cancid			Tel: 601 421 3568			
OTHER OPERATOR: Pedro M. Canuo						
Address: 1994 fincolnihum Blvd						
City: Magalen d		State: N Zip: 39157				
Contact:						
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):						
Samples collected from homogeneous contempores by Ron Robinson on Mench 28, 2017.						
VII. APPROXIMATE AMOUNT OF ASBESTOS	\$	Nonf	riable			
INCLUDING:	M M		estos al Not	Indicate Unit of		
Regulated ACM to be Removed	RACM To Be	To Be R	emoved	Measure	ment Below	
Category I ACM Not Removed Category II ACM Not Removed	Removed	Category I	Category II	UNIT		
				THE CONTRACTOR	_	
Pipes		, . .		LnFt:	Ln M:	
Surface Area	4000 sf.		•	SqFt:	Sq M:	
Vol RACM Off Facility Component				CuFt:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/15/17 Complete: 06/19/17						
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:			Complete:	, .		

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:					
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 Pedro M. Canao.					
Name:					
Address: 1919 Linubshire Blad					
city: Pidgeland	State: MS	zip: 39157			
Contact Person: Mariela Cancio		Tel: 60/14 3568			
WASTE TRANSPORTER #2					
Name:					
Address:					
City:	State:	Zip:			
Contact Person:		Tel:			
XIII. WASTE DISPOSAL SITE					
Name:					
Address:	V				
City:	State:	Zip:			
Tel:	2				
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:					
Name: Tate County School District Title:					
Authority:					
Date of Order (MM/DD/YY): June 15th, 2017. Date Ordered to Begin (MM/DD/YY): June 15th, 201					
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:					
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. Your of Print Name (Signature of Owner Operator) (Date)					
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Manua Land Colos/17					
Type or Print Name (Signature of Ovmer/Opera	ator)	(Date)			