

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) <i>original</i>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R =Renovation E=Emer. Renovation) <i>Renovation</i>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <i>School</i>				
Bldg. Name: <i>Clinton Jr. High School</i>				
Address: <i>711 Lake View</i>				
City: <i>Clinton</i>	State: <i>MS</i>	Zip: <i>39056</i>		
Site Location: <i>Clinton</i>		Tel:		
Building Size: <i>39,000 sq ft</i>	# of Floors: <i>1</i>	Age in Years: <i>over 40 yrs</i>		
Present Use: <i>School</i>	Prior Use: <i>School</i>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <i>Same</i>				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
REMOVAL CONTRACTOR <i>Socrates Garrett Enterprises</i>				
Address: <i>2659 Livingston Rd</i>				
City: <i>Jackson</i>	State: <i>MS</i>	Zip: <i>39213</i>		
Contact: <i>Joseph Anderson</i>		Tel: <i>601-212-8555</i>		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
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): <i>PL in Wallis Master/Taker from Mgmt Planner</i>				
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	
Pipes				Ln Ft: Ln M:
Surface Area	<i>Floors</i>		<i>1,000</i>	Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>6/14/2017</i> Complete: <i>6/16/2017</i>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>6/18/2017</i> Complete: <i>6/25/2017</i>				

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

Removal of floor tiles / Replace floor tiles

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

Keep Material Wet

XII. WASTE TRANSPORTER #1

Name: Socrates Garrett Enterprises

Address: Same

City: State: Zip:

Contact Person: Tel:

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City: State: Zip:

Tel:

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:

STOP WORK NOTIFY DEQ TA

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK NOTIFY DEQ

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.

Joseph Antoine Joseph Antoine

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine Joseph Antoine

Type or Print Name

(Signature of Owner/Operator)

(Date)