

# 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) <b>O</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>port gibson middle school - wood working classroom</b>					
Address <b>161 ramsey st.</b>					
City: <b>port gibson</b>	State: <b>ms</b>	Zip: <b>39150</b>			
Site Location: <b>wood working classroom</b>		Tel:			
Building Size <b>1000 sq ft</b>	# of Floors: <b>1</b>	Age in Years: <b>50</b>			
Present Use: <b>school</b>	Prior Use: <b>school</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Claiborne county schools</b>					
Address: <b>404 market st</b>					
City: <b>port gibson</b>	State: <b>ms</b>	Zip: <b>39150</b>			
Contact: <b>willie nester</b>	Tel: <b>60195603663</b>				
REMOVAL CONTRACTOR <b>Pearson environmental</b>					
Address: <b>118 chasewood dr</b>					
City: <b>jackson</b>	State: <b>ms</b>	Zip: <b>39212</b>			
Contact: <b>chris pearson</b>	Tel:				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <b>yes</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>willie nester - pickering firm</b>					
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		<b>X</b>		Sq Ft: <b>1000</b>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>6/30/17</b>				Complete: <b>7/1/2017</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				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: Critical barriers, wet method ( air less sprayer with amended water), neg air with HEPA filtration		
XII. WASTE TRANSPORTER #1		
Name: <b>Pearson Environmenta</b>		
Address: <b>118 chasewood dr</b>		
City: <b>jackson</b>	State: <b>ms</b>	Zip: <b>39212</b>
Contact Person: <b>chris</b>		Tel:
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: <b>little dixie</b>		
Address: <b>1716 e. county line rd</b>		
City: <b>ridgeland</b>	State: <b>ms</b>	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:		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, 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.		
<u>chris pearson</u> Type or Print Name	<u>(Signature of Owner/Operator)</u>	<u>6/14/2017</u> (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<u>chris pearson</u> Type or Print Name	<u>(Signature of Owner/Operator)</u>	<u>6/14/2017</u> (Date)

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