

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)				R			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)				D			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Mary Holmes College							
Address: 1032 Highway 50							
City: West Point		State: MS		Zip: 39773			
Site Location: Old Administration Building				Tel:			
Building Size 40,000 SF		# of Floors: 3		Age in Years: 1950			
Present Use: Abandoned		Prior Use: College					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Mary Holmes College / City of West Point							
Address: 1032 Highway 50							
City: West Point		State: MS		Zip: 39773			
Contact: Randy Jones		Tel: 662-494-2573					
REMOVAL CONTRACTOR EAI							
Address: 340 Rockland Road							
City: Hendersonville		State: TN		Zip: 37075			
Contact: ED Craft / Scott Klaus		Tel: 615-264-2711					
OTHER OPERATOR: EAI Demolition							
Address: 340 Rockland Road							
City: Hendersonville		State: TN		Zip: 37075			
Contact: Scott Klaus							
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):							
Remove exterior Asbestos (Transite/ Window Glazing) Demo rest of building in place under wet methods, due to un-safe structural building conditions.							
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				Category I		Category II	
2. Category I ACM Not Removed							
3. Category II ACM Not Removed							
UNIT							
Pipes				Ln Ft:		Ln M:	
Surface Area		Transite / Window Glaze		Sq Ft: 16,700/1000		Sq M:	
Vol RACM Off Facility Component		Entire bldg. / TSI, Flooring		Cu Ft: 455,000		Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/19/17 Complete: 06/30/17							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 06/30/17 Complete: 7/30/17							

RECEIVED

JUN 15 2017

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

Remove exterior Asbestos (Transite/ Window Glazing) Demo rest of building in place under wet
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

EAI will connect the water meter to city supply, ample water to keep dust down, Transite and window glazes will be removed

XII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 1600 12th Avenue South

City: Columbus State: MS

Zip: 39701

Contact Person: Julie Goodin

Tel: 662-574-0028

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Kemper County Landfill

Address: 21211 HWY 16 East

City: DE Kalb State: MS Zip: 39328

Tel: 662-574-0028

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:

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.

Signature of Owner/Operator

Date

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name (Signature of Owner/Operator)

Date

RECEIVED

JUN 15 2017

Dept. of Environmental Quality