

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) 0				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Tishoming county vocational school				
Address 1421 hwy. 25 N. , ms. 25,				
City: Tishomingo	State: ms.	Zip: 38873		
Site Location: office area		Tel: 662-438-6689		
Building Size 20,000 sf.	# of Floors: 2	Age in Years: over 40		
Present Use: vacational center	Prior Use: none			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Tishomingo county school district				
Address: 1620 caul ebmondson dr.				
City: luca	State: ms	Zip: 38852		
Contact:		Tel: 662-423-3206		
REMOVAL CONTRACTOR Specialty Contractors				
Address: 8310 wade rd.				
City: Warrior	State: al.	Zip: 35180		
Contact: John Totten		Tel: 205--907-7351		
OTHER OPERATOR: na				
Address:				
City:	State:	Zip:		
Contact:				
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): plm- Ron Robinson				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
<ol style="list-style-type: none"> Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed 		Category I	Category II	UNIT
Pipes				LnFt: Ln M:
Surface Area VCT				SqFt: 500 Sq M:
Vol RACM Off Facility Component				CuFt: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/06/17 Complete: 7/08/17				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: na Complete:				

RECEIVED
JUN 26 2017
Dept. of Environmental Quality

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

NEW FLOORING

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

NEG. AIR AND WET METHOD

XII. WASTE TRANSPORTER #1

Name: **SPECIALTY CONTRACTORS**

Address: **8310 wade rd**

City: **warrior**

State: **al.**

Zip: **35180**

Contact Person: **john totten**

Tel: **205-907-7351**

XII. WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **big sky environmental**

Address: **5100 flat top rd.**

City: **adamsville**

State: **al.**

Zip: **35005**

Tel: **205-743-0080**

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:

seal off area ,neg. air,wet method,hepa vacuum,and esbestos bags.

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.

John Totten
Type or Print Name

John Totten
(Signature of Owner/Operator)

6-22-17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Totten
Type or Print Name

John Totten
(Signature of Owner/Operator)

6-22-17
(Date)