

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					
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):					
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	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area		Transite/ Window Glaze		Sq Ft: 16,700/1000	Sq M:
Vol RACM Off Facility Component	TSI/ 1500lf			Cu Ft: 455,000	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/15/17				Complete: 7/30/17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/5/17				Complete: 8/15/17	

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

Wet Removal/ Exterior and bldg due to unsafe conditionns inside the bldg remainder of bldg shall

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 to the water meter from city/ supply ample water to keep dust down, Transite and window glazes will be rer

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 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.

Scott Klaus

Type or Print Name



(Signature of Owner/Operator)

6/30/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)