MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Operator Project #	Postmark 7/11/17	Ction, 515		(MDEQ_use only)	Notification #\/\(\(\(\)(\)	MDEQ use only)			
Sparent Payout II	7/11/1/			()		(.'\(\sigma\).			
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual)									
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)									
III. FACILITY DESCRIPTION (Include	building name, number a	nd floor or ro	oom number) Blo	lg B hallway	- Chillo	Minn.			
Bldg B						Ouality			
Address 400 Forrest Street									
City: Hattiesburg		State: MS		Zip: 39401					
Site Leasting Rawl Spring Ele			Tel:						
Building Size Sabasi		# of Floors:		Age in Years: OVER 20					
5C0001		School		Age iii Teals.					
Present Use:	Prior Use:								
IV. FACILITY INFORMATION (Identify		or, and other	r operator)						
Forrest Co Sc	n Dist 								
Address: Forret St			0023			100			
City Hattiesburg		State: MS		Zip. 39401					
Contact: Mike Papus				Tel: 601 596 6022					
REMOVAL CONTRACTOR Environmental Servicees									
Address: 253 Delk Road									
Hattieshurg		State: MS		Zip: 39401					
loe Venus		Joiate.		Tel: 601 408 1005					
Contact: Tel:									
OTHER OPERATOR: N/A				·					
Address:		State:							
City:				Zip:					
Contact:	yes	4-1-1							
V. IS ASBESTOS PRESENT? (Yes/N VI. PROCEDURE, INCLUDING ANAL	0) *	PROPRIAT	E. USED TO DET	ECT THE PRESENC	E OF ASBESTOS N	MATERIAL			
(Include inspector name and date of ir	nspection):								
Pickering Enviro did the ir	ispection for floo	r tiles an	ia mastic						
VII. APPROXIMATE AMOUNT OF AS	BESTOS	Asb Mate		friable estos					
	RA			rial Nct Removed	Indicate Unit of Measurement Below				
Regulated ACM to be Removed. Category I ACM Not Removed.	oved To	Be noved	Category I	Category II	UNIT				
Category I ACM Not Remov Category II ACM Not Remov		,0460							
Pipes			<u>.</u>		LnFt:	Ln M:			
Surface Area					SqFt:	Sq M:			
Vol RACM Off Facility Component	60	0 sf			CuFt:	Cu M:			
	VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/14/17 Complete:								
	IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:								
M. JOHEDGEED DATES DEWORKED	TO BE STEEL OF THE STEEL	±10111							

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOUTION OR RENOVATION SITE: Contain and seal regulated area and remove using wet method XII. WASTE TRANSPORTER #1 Name: Enviro Address. Revitro Address. Revitro Same as above Address. Same as above Address. City: State: Zp: Contact Person: Tet: Contact Person: Tet: XIII. WASTE DISPOSAL SITE Name: Pine Belt Regional Waste Authority Name: Pine Belt Regional Waste Authority Name: S294 Hwy 29 City: Ovett State: MS Zp. Zip: Collect Ferson: Tet: XIII. WASTE DISPOSAL SITE Name: N	x. DESCRIPTION OF PLANNED DEMOL Removal asbestops floori	ITION OR RENOVAT ng using wet n	TION WORK, A	AND METHOD(S	S) TO BE USED:				
Contain and seal regulated area and remove using wet method XII. WASTE TRANSPORTER #1 Name: Enviro Address. 108 Nehl Street City: John Tet: 601 477 8668 WASTE TRANSPORTER #2 WASTE TRANSPORTER #2 WASTE TRANSPORTER #2 Name: Same as above Address: City: State: Zip: Contact Person: Tet: XIII. WASTE DISPOSAL SITE Name: Pine Belt Regional Waste Authority Address: S294 Hwy 29 City: Ovett State: MS Zip: Tet: Tet: XIII. WASTE DISPOSAL SITE Name: Pine Belt Regional Waste Authority Address: S294 Hwy 29 City: Ovett State: MS Zip: Tet: Old 545 6676 XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: N/A Title: XV. FOR EMERGENCY RENOVATIONS: Pulled up tile while overlaying tiles Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWID IN THE EVENT THAT UNEXPECTED A SABESTIOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCCED TO POWDER: XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWID IN THE EVENT THAT UNEXPECTED A SABESTIOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCCED TO POWDER: XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWID IN THE PROVISIONS OF THIS REGULATION (40 CFP PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OF RESPONSION DIN THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS Type or Prink Name: XVI. DESCRIPTION OF PRINK DAME AND INTERIOR OF THIS REGULATION (40 CFP PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OF REPONSION OF THIS REGULATION (40 CFP PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OF REPONSION OF THIS REGULATION (40 CFP PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OF REPONSION OF THIS REGULATION (40 CFP PART 61, SUBPART M) WILL BE ONSITE DURING THE DEMOLITION OF REPONSION OF THIS REGULATION (40 CFP PART 61, SUBPART M) WILL BE ONSITE		S AND ENGINEERIN	G CONTROL	S TO BE USED	TO PREVENT EMISSIO	NS OF ASBESTOS AT THE			
Name: Enviro Address: 108 Nehl Street City: Ellisville State: MS Zg: 39440 Contact Person John Tel: 601 477 8668 WASTE TRANSPORTER #2 Name: Same as above Address: City: State: Zig: Contact Person: Tel: Tel: Vill: WASTE DISPOSAL SITE Name: Pine Belt Regional Waste Authority Address: Zig: Contact Person: Tel: Vill: WASTE DISPOSAL SITE Name: Pine Belt Regional Waste Authority Address: S294 Hwy 29 City: Ovett State: Xig: KIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: N/A Table: Tomminy Date of Order (MM/DD/YY): 7/12/17 Date of Order (MM/DD/YY): 7/12/17 Date of Order (MM/DD/YY): 7/14/17 Date and Hour of Emergency (MM/DD/YY): Pulled up tile while overlaying tiles Type: Tommin OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASSESTIOS IS FOUND OR PREVIOUSLY NON-PRUSINE ASTESTIOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop Work call DEQ VIVI. I CERTIFY THAT AN INDINDIDUAL TRAINED IN THE PROVISIONS OF THIS REQULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURING THE ROUAIRD THAN THE ROUAIRED TRAINING HAS BEEN ACCOMPLISHED BY THE PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS: Type or Pinin Name Visit Tele: Telesconder of Owner/Operator) Tel: 601 477 8668 Zg: 394440 Zg: 394440 Zg: 601 477 8668 Zg: 601 477 8688 Zg: 601 477 8668 Zg: 601 477 868 Zg: 601 477 8668 Zg: 601 477 8668 Zg: 601 477 8668 Zg: 601 477 8668 Zg: 601 4		nd remove using	wet method	d		•			
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Name: N/A Authority: Tommy Date of Order (MM/DD/YY): 7/12/17 Date of Order (MM/DD/YY): 7/14/17 XV. FOR EMERGENCY RENOVATIONS: Pulled up tile while overlaying tiles 7/11/17 Date and Hour of Emergency (MM/DD/YY): Flooring poped up Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: School is reading to start and needs materials to be repmoved so they can replace it XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop Work call 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. Type or Print Name (Signature of Owner/Operator) Type or Print Name Title: 7/14/17 Date Ordered to Begin (MM/DD/YY): 7/14/17									
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Joe Venus 7/12/17	XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Joe Venus				7/12/17				
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