

* Revision Per Conversation w/ Mr. Moody

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) O			
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: Tech Ed 2			
Address 4975 Hwy 15 N			
City: Senatobia	State: MS	Zip: 38668	
Site Location: Senatobia Campus		Tel:	
Building Size over 2000 sf	# of Floors: 1	Age in Years: over 30 yrs	
Present Use:		Prior Use: classrooms	
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Northwest Comm College			
Address: 4975 Hwy 15 N			
City: Senatobia	State: MS	Zip: 38668	
Contact:		Tel:	
REMOVAL CONTRACTOR Abatement Contractors of MS Inc			
Address: 761 Wethersby Rd			
City: Hattiesburg MS	State: MS	Zip: 39402	
Contact: Charles Adams Jr	Tel: 601 2708179		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:			
V. IS ASBESTOS PRESENT? (Yes/No) Assumed			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):			
Assumed (floor replacement) 9x9 tile / Black Mastic			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed		Indicate Unit of Measurement Below	
2. Category I ACM Not Removed		Category I	Category II
3. Category II ACM Not Removed		UNIT	
Pipes		Ln Ft:	Ln M:
Surface Area		Sq Ft: 300	Sq M:
Vol RACM Off Facility Component	300 sf	Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-1-17		Complete: 1-1-18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

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DEC 4 2017
Dept. of Environmental Quality

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

Wet method to remove tile/mastic

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

Wet Area for Removal, Bag, Partial Containment

XII. WASTE TRANSPORTER #1

Removal Contractor

Name: Abbot Contractors of MS

Address: 761 Wethersby Rd

City: Hattiesburg

State: MS

Zip: 39402

Contact Person: Charles Adams

Tel: 601 270 8179

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management (Central Landfill)

Address:

City: McNeill

State: MS

Zip: 39

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

Stop work Notify Reg And Owner

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.

Charles Adams

(Signature of Owner/Operator)

11-15-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles Adams

(Signature of Owner/Operator)

11-15-17

(Date)