

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) - Original							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) - Demo							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Old Gym							
Bldg. Name: West Kemper Elm. Gym							
Address: 364 John C Stearns Ave							
City: Dekalb, MS		State: MS		Zip: 39328			
Site Location: School Gym Dekalb				Tel:			
Building Size: 8000, Sq Ft		# of Floors: 1		Age in Years: 72			
Present Use: NA Old Gym		Prior Use: NA					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: West Kemper County School							
Address: 364 John C Stearns Ave							
City: Dekalb MS		State: MS		Zip: 39328			
Contact: Ed				Tel:			
REMOVAL CONTRACTOR Forrest Construction							
Address: 591 Raymond Rd							
City: Jackson		State: MS		Zip: 39264			
Contact: Darrins Forrest or Tony Forrest				Tel: 769-798-3617 Darrins			
OTHER OPERATOR:				601-382-8073 Tony			
Address:							
City:		State:		Zip:			
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No)							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <div style="text-align: center; margin-top: 10px;">PCM</div>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			Nonfriable Asbestos Material Not To Be Removed RACM To Be Removed		Indicate Unit of Measurement Below UNIT		
Pipes					Ln Ft:		Ln M:
Surface Area			Transite		Sq Ft: 8000		Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1-2-2018				Complete: 1-20-18			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1-22-18				Complete: 2-15-18			

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

Removed Transite from Gym wet method poly ground

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

Keeping it wet at all time

XII. WASTE TRANSPORTER #1

Name:

Waste Pro

Address:

Kemper County

City:

State:

MS

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Kemper County landfill

Address:

MS-16

City:

De Kalb

State:

M

Zip:

39328

Tel:

601-743-2523

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work and 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.

Darius Forrest

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darius Forrest

Type or Print Name

(Signature of Owner/Operator)

(Date)