

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

RECEIVED
FEB 9 2018
Dept. of Environmental Quality

Operator Project #		Postmark		Date Received (MDEQ use only)		Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <u>Original</u>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>Demolition/Renovation</u>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <u>Cafeteria</u>							
Bldg. Name: <u>Cafeteria and classroom / Morton High School</u>							
Address <u>238 East 4th Ave</u>							
City: <u>Morton</u>				State: <u>MS</u>		Zip: <u>39117</u>	
Site Location: <u>same</u>				Tel:			
Building Size <u>Approx 7500 sq ft</u>				# of Floors: <u>1</u>		Age in Years: <u>over 30</u>	
Present Use: <u>Cafeteria</u>				Prior Use: <u>Cafeteria</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <u>Scott County School District</u>							
Address: <u>110 Commerce Loop</u>							
City: <u>Forrest</u>				State: <u>MS</u>		Zip: <u>39074</u>	
Contact:				Tel:			
REMOVAL CONTRACTOR <u>Abatement Contractors of MS</u>							
Address: <u>761 Weatherly Rd</u>							
City: <u>Hattiesburg</u>				State: <u>MS</u>		Zip: <u>39402</u>	
Contact: <u>Charly Anderson</u>				Tel: <u>6012708179</u>			
OTHER OPERATOR: <u>Devo contractor same as Removal</u>							
Address:							
City:				State:		Zip:	
Contact:							
V. IS ASBESTOS PRESENT? (Yes/No) <u>Yes</u>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>Pickering firm inspected Willie Nester June 14 2017</u>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			RACM To Be Removed		UNIT		
					Approx		
Pipes					Ln Ft:		Ln M:
Surface Area			<u>tile/mosaic</u>		Sq Ft: <u>7500</u>		Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>2-20-18</u>					Complete: <u>6-20-18</u>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>2-21-18</u>					Complete: <u>6-20-18</u>		

Work is in phases to accommodate school schedule

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

wet method, remove Asbestos Demolish partial Building

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

Wet method

XII. WASTE TRANSPORTER #1

Removal Contractor

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Waste Management

Name:

Central

Address:

City:

Marcell

State:

MS

Zip:

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work Notify 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

Type or Print Name

[Signature]

(Signature of Owner/Operator)

2-7-2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles Adams

Type or Print Name

[Signature]

(Signature of Owner/Operator)

2-7-2018

(Date)