

FEB 23 2018

**MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM**

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

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) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>AMITE COUNTY HIGH SCHOOL</b>				
Address <b>533 Maggie Street</b>				
City: <b>LIBERTY</b>	State: <b>MS</b>	Zip: <b>39645</b>		
Site Location: <b>Gym locker room</b>		Tel:		
Building Size <b>APP 10,000 SQ FT</b>	# of Floors: <b>1</b>	Age in Years: <b>40+</b>		
Present Use: <b>LOCKER ROOM</b>	Prior Use: <b>LOCKER ROOM</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>AMITE COUNTY BOARD OF EDUCATION</b>				
Address: <b>533 MAGGIE STREET</b>				
City: <b>LIBERTY</b>	State: <b>MS</b>	Zip: <b>39645</b>		
Contact: <b>WILLIE NESTER</b>		Tel:		
REMOVAL CONTRACTOR <b>JOHN REID DBA REID ABATEMENT</b>				
Address: <b>1621 CLEARVIEW CIRCLE</b>				
City: <b>COLUMBIA</b>	State: <b>MS</b>	Zip: <b>39429</b>		
Contact: <b>JOHN REID</b>		Tel: <b>601 441 5290</b>		
OTHER OPERATOR: <b>NA</b>				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>ASSUMED, MANAGEMENT PLAN,</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> <li>Regulated ACM to be Removed</li> <li>Category I ACM Not Removed</li> <li>Category II ACM Not Removed</li> </ol>	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below  UNIT
		Category I	Category II	
Pipes				Ln Ft:      Ln M:
Surface Area	<b>1,400</b>			Sq Ft: <b>X</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3-12-2018</b>			Complete: <b>3-19-2018</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>3-12-2018</b>			Complete: <b>3-19-2018</b>	

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

**Remove Transite ceiling from locker room**

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

wet method, neg air, double bag

XII. WASTE TRANSPORTER #1

Name: **John Reid**

Address: **1621 Clearview Circle**

City: **Columbia**

State: **MS**

Zip: **39429**

Contact Person: **John Reid**

Tel: **601 441 5290**

WASTE TRANSPORTER #2 **NA**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Riverbend Environmental Services**

Address: **4451 Hwy 61**

City: **Fayette**

State: **MS**

Zip: **39069**

Tel: **601 786 0217**

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: **NA**

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

**Stop work, Contain area, contact owner and MDEQ.**

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.

John Reid

Type or Print Name

(Signature of Owner/Operator)

02-22-2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Reid

Type or Print Name

(Signature of Owner/Operator)

02-22-2018

(Date)