

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

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 Dept. of Environmental Quality
 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) O					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) OLD VACANT HOUSE					
Bldg. Name:					
Address 1601 HWY 583 EAST					
City: BROOKHAVEN	State: MS	Zip: 39601			
Site Location: ENTERPRISE ATTENDANCE CENTER			Tel:		
Building Size 1,400	# of Floors: 1	Age in Years: 50			
Present Use: VACANT	Prior Use: SCHOOL ROOM				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: LINCOLN COUNTY SCHOOLS					
Address: P.O. BOX 826					
City: BROOKHAVEN	State: MS	Zip: 39602			
Contact: SAM STEWART			Tel: 601 757 7808		
REMOVAL CONTRACTOR JOHN REID REID ABATEMENT					
Address: 1621 CLEARVIEW CIRCLE					
City: COLUMBIA	State: MS	Zip: 39429			
Contact: JOHN REID			Tel: 601 441 5290		
OTHER OPERATOR: NOT KNOWN					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) YES					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): PLM, JOHN REID, MAY 5, 2017					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes		0	0	LnFt:	Ln M:
Surface Area 1,200 SQ FT TRANSITE	1,200	0	0	SqFt: X	Sq M:
Vol RACM Off Facility Component		0	0	CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: MARCH 3, 2018 Complete: MARCH 10, 2018					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Not Known Complete:					

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

REMOVE ASBESTOS PRIOR TO DEMOLITION OF STRUCTURE

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

Name: JOHN REID

Address: 1621 CLEARVIEW CIRCLE

City: COLUMBIA

State: MS

Zip: 39429

Contact Person: JOHN REID

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: RIVERBEND ENVIRONMENTAL

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: NA

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, CONTAIN AREA, CONTACT MDEQ 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.

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

2-21-2018

(Date)

2-27-18

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

2-27-18

2-21-2018

(Date)