

## MAR 09 2018

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Operator Project #	Postmark			(MDEQ use only)	Notification #	(MDEQ use only		
I. Type of Notification (O=C riginal R=R	evised C=Canceled	A= Annual)	Revi	sed				
II. TYPE OF OPERATION (D=Demo (			Emer. Renovation	n) D				
III. FACILITY DESCRIPTIC N (Include					DUSE			
Bldg. Name:								
Address 1601 HWY 583 EAS	Т							
Dity: BROOKHAVEN		State: M	S	Zip: 39601				
Site Location; ENTERFRISE ATTENDANCE C				Tel:				
Building Size 1,400		# of Floo	rs: 1	Age in Years: 50				
resent Use: VACANT			Prior Use: SCHOOL ROOM					
V. FACILITY INFORMATION (Identify	owner removal con	tractor and oth	er operator)					
				·				
DO POY 226	JOUNT 30	JIIOOLO	,					
Address: P.O. BOX 826	State: MS Zip: 39602							
	ity: BROOKHAVEN		5	Zip: 39602				
	ontact: SAM STEWART			Tel: 601 757 7808				
REMOVAL CONTRACTOR JOHN		BATEMEN						
Address: 1621 CLEARVIEW	CIRCLE							
ity: COLUMBIA		State: N	S	Zip: 39429				
Contact: JOHN REID				Tel: 601 441 5	290			
OTHER OPERATOR: NOT KNO	MN Ronal	d Rus	hing					
Address:								
City:		State:		Zip:				
Contact:								
V. IS ASBESTOS PRESENT? (Yes/N VI. PROCEDURE, INCLUEING ANAL	o) YES	C 4 DDD O DD (4)	TE LICED TO DET	TECT THE DOCUMENT	DE OF ASSEST	DE MATERIAL		
VI. PROCEDURE, INCLUDING ANAL (Include inspector name and date of in		F APPROPRIA	IE, USED TO DET	IECT THE PRESENC	E OF ASBEST	DS WATERIAL		
PLM, JOHN REII	D, MAY 5	5, 2017						
	DECTOR		Nor	nfriable				
VII. APPROXIMATE AMOUNT OF AS	BESTOS							
	BESTOS	RACM	Asi Mate	bestos erial Not		icate Unit of		
VII. APPROXIMATE AMOUNT OF AS NCLUDING:  1. Regulated ACM to be Remo	oved	RACM To Be Removed	Asi Mate	bestos		icate Unit of urement Below		
VII. APPROXIMATE AMOUNT OF AS NCLUDING:	oved red		Asi Mate	bestos erial Not				
VII. APPROXIMATE AMOUNT OF AS INCLUDING:  1. Regulated ACM to be Remo. 2. Category I ACM Not Remo. 3. Category II ACM Not Remo.	oved red	To Be	Asi Mate To Be Category I	pestos erial Not Removed Category II	Meas	UNIT		
VII. APPROXIMATE AMOUNT OF AS INCLUDING:  1. Regulated ACM 3 be Remo 2. Category I ACM Not Remo 3. Category II ACM Not Remo	oved ed ved	To Be Removed	Asi Mate To Be Category I	cestos erial Not Removed Category II	Meas  LnFt:	UNIT  Ln M:		
VII. APPROXIMATE AMOUNT OF AS INCLUDING:  1. Regulated ACM to be Remo. 2. Category I ACM Not Remo. 3. Category II ACM Not Remo.	oved ed ved	To Be	Asi Mate To Be Category I	pestos erial Not Removed Category II	Meas	UNIT		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENO REMOVE ASBESTOS PRIOR TO DI	the contraction of the same and the same and					
XI. DESCRIPTION OF WCRK PRACTICES AND ENGINEED DEMOLITION OR RENOVATION SITE:	RING CONTROLS	TO BE USED TO PR	EVENT EMISSIONS OF AS	BESTOS AT THE		
WET METHOD						
XII. WASTE TRANSPORTER #1						
Name: JOHN REID	***************************************					
Address: 1621 CLEARVIEW CIRCLE						
City: COLUMBIA	State: MS	Zip: 3	zip: 39429			
Contact Person JOHN REID		Tel:				
Contact Person JOHN REID  NON ASBESTUS DEBTIS WASTE TRANSPORTER = 2  Name: Brockhave Land FH	we w	ill recycle	as much as	s possible.		
Address: 463 County Lin	e Road					
City: Brookhaven		ns Zip:	39601			
Contact Person: Sam Stewart		Tel:	601-835-	004		
XIII. WASTE DISPOSAL S.TE						
Name: RIVERBEND ENVIRONMENTAL						
Address: 4451 HWY 61						
City: FAYETTE	State: MS	Zip: 39069				
Tel: 601 786 0217						
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AG	SENCY, PLEASE ID	ENTIFY THE AGENC	Y BELOW:			
Name: NA	Т	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 v	vould cause equipme	ent damage or an unr	easonable financial burden:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWER NONFRIABLE ASTESTOS MATERIAL BECOMES CRUME STOP WORK, CONTAIN AREA, CONTAIN AREA	BLED, PULVERIZED	, OR REDUCED TO		PREVIOUSLY		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE ONSITE DURING THE DE MOLITION OR RENOVATION, THIS PERSON WILL BE A VAILABLE FOR INSPECTION DOWN REID	PROVISIONS OF T AND EVIDENCE TH DURING NORMAL B	HIS REGULATION (4 AT THE REQUIRED USINESS HOURS.	0 CFR PART 61, SUBPART TRAINING HAS BEEN ACC 2-21-2018	M) WILL BE OMPLISHED BY		
Type or Print Name (Signature of Owner/			(Date)			
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS COLUMN TEID	DRRECT:		2-21-2018 3-8	3-18		
Type or Print Name (Signature of Owner/C		(Date)				