

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) <u>O</u>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>Demo Partial / Renovation Partial</u>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <u>1</u>					
Bldg. Name: <u>Building 3 PRCC (Hattiesburg Campus)</u>					
Address <u>5448 US Hwy 49</u>					
City: <u>Hattiesburg</u>	State: <u>MS</u>	Zip: <u>39401</u>			
Site Location: <u>same</u>		Tel:			
Building Size <u>over 5000 s/f</u>	# of Floors: <u>2</u>	Age in Years: <u>over 30</u>			
Present Use: <u>classrooms / police station</u>	Prior Use: <u>classroom / shop</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>Pearl River Community College</u>					
Address: <u>5448 US Hwy 49</u>					
City: <u>Hattiesburg</u>	State: <u>MS</u>	Zip: <u>39401</u>			
Contact:		Tel:			
REMOVAL CONTRACTOR <u>Abate Contractors of MS</u>					
Address: <u>761 weatherly Rd</u>					
City: <u>Hattiesburg</u>	State: <u>MS</u>	Zip: <u>39402</u>			
Contact: <u>Chris Adams</u>	Tel: <u>601 270 8179</u>				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? <u>(Yes/No)</u>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
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		<u>250 s/f</u>	<u>Tile/mastic</u>	Ln Ft:	Ln M:
Surface Area		<u>8 windows</u>		Sq Ft:	Sq M:
Vol RACM Off Facility Component		<u>2400 s/f</u>	<u>Traverse</u>	Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>3-29-18</u> Complete: <u>6-30-18</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>3-29-18</u> Complete: <u>6-30-18</u>					

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

Remove asbestos then Demo Partial Building

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

XII. WASTE TRANSPORTER #1

Name:

Same as Removal Contractor

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Central Landfill

Address:

City:

Mendocino

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:

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.

Arnette
Type or Print Name

[Signature]
(Signature of Owner/Operator)

3-11-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Arnette
Type or Print Name

[Signature]
(Signature of Owner/Operator)

3-11-18

(Date)