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# 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) <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>McLaurin High School</b>							
Address <b>130 Tiger Dr,</b>							
City: <b>Florence</b> State: <b>MS</b> Zip: <b>39073</b>							
Site Location: <b>Florence MS</b> Tel: <b>(601) 845-2247</b>							
Building Size # of Floors: <b>2</b> Age in Years: <b>40</b>							
Present Use: <b>School</b> Prior Use: <b>School</b>							
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <b>Rankin County School District</b>							
Address: <b>1220 Apple Park Place</b>							
City: <b>Brandon,</b> State: <b>MS</b> Zip: <b>39042</b>							
Contact: Tel: <b>601.825.5590</b>							
REMOVAL CONTRACTOR <b>Anderson Environmental</b>							
Address: <b>P.O. Box 16891</b>							
City: <b>Jackson</b> State: <b>MS</b> Zip: <b>39236</b>							
Contact: <b>Daryl Anderson</b> Tel: <b>601-940-4644</b>							
OTHER OPERATOR: <b>Chris Albritton Construction Co., Inc.</b>							
Address: <b>2100 Bush Dairy Rd</b>							
City: <b>Laurel</b> State: <b>MS</b> Zip: <b>39443</b>							
Contact: <b>Nick Richards</b>							
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>PLM method, Willie Nester</b>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:							
1. Regulated ACM to be Removed		RACM To Be Removed		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
2. Category I ACM Not Removed				Category I		Category II	
3. Category II ACM Not Removed						UNIT	
Pipes		5000lf Window Caulking				LnFt: <b>X</b> Ln M:	
Surface Area <b>600sf of transite panels</b>		900sf Roof flashing				SqFt: <b>X</b> Sq M:	
Vol RACM Off Facility Component						CuFt: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/09/18</b> Complete: <b>8/30/19</b>							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>5/10/18</b> Complete: <b>9/30/19</b>							

RECEIVED

MAY 01 2018

Dept. of Environmental Quality

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

**Renovate and upgrading of school windows and roofing**

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

Drop cloth with 6mil poly, wet method, suits and respirators, areas kept clean

## XII. WASTE TRANSPORTER #1

Name: **Waste Pro**Address: **4517 Methodist Home Rd, Jackson, MS 39213**City: **Jackson**State: **MS**Zip: **39213**Contact Person: **Dispatch Manager**Tel: **(601) 981-9950**

## WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

## XIII. WASTE DISPOSAL SITE

Name: **Allied Waste Little Dixie Landfill**Address: **1716 W County Line Rd, Ridgeland, MS 39157**City: **Ridgeland**State: **MS**Zip: **39157**Tel: **(601) 982-9488**

## 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:

**Halt all work and notify the proper authorities**

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.

Daryl Anderson

Type or Print Name

Daryl Anderson

(Signature of Owner/Operator)

4-27-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

Type or Print Name

Daryl Anderson

(Signature of Owner/Operator)

4-27-18

(Date)