

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) O			RECEIVED
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			MAY 04 2018
Bldg. Name: Southaven Middle School - 6th Grade Bldg			Dept. of Environmental Quality
Address 899 Rasco Road			
City: Southaven	State: MS	Zip: 38671	
Site Location:		Tel: 662-280-0422	
Building Size 50,000 +/-	# of Floors: 1	Age in Years: 60 +/-	
Present Use: Classrooms	Prior Use: Classrooms		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Desoto County School District			
Address: 5 E. South St			
City: Hernando	State: MS	Zip: 38632	
Contact:		Tel: 662-429-5271	
REMOVAL CONTRACTOR Jeff Evans, Inc. d/b/a Eagle Construction			
Address: 1450 Old Brandon Rd			
City: Flowood	State: MS	Zip: 39232	
Contact: Chuck Womack		Tel: 601-940-5411	
OTHER OPERATOR: In-House			
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 Martin A Cooke 12/12/17			
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
		Category I	Category II
		Indicate Unit of Measurement Below	
Pipes			
		Ln Ft:	Ln M:
Surface Area		12,000 sq ft FT/M	Sq Ft: X
			Sq M:
Vol RACM Off Facility Component			Cu Ft:
			Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/29/18			Complete: 6/8/18
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/29/18			Complete: 7/8/18

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

Removal of asbestos containing materials with hand tools

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

Stop work and notify competent person

XII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 3840 Homewood Rd

City: Memphis

State: TN

Zip: 39232

Contact Person:

Tel: 901-794-3800

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: South Shelby Landfill

Address: 5494 Malone Rd

City: Memphis

State: TN

Zip:

Tel: 901-794-8071

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:

Stop work immediately and notify competent person

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.

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

5/4/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

5/4/18

(Date)