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MAY 07 2018  
Dept. of Environmental Quality

## 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>Revised</u>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>Demo</u>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <u>Cafeteria &amp; Kitchen / Phase 2</u>			
Bldg. Name: <u>McComb High School Cafeteria and Kitchen Renovations</u>			
Address <u>310 7<sup>th</sup> Street</u>			
City: <u>McComb</u>	State: <u>MS</u>	Zip: <u>39648</u>	
Site Location: <u>310 7<sup>th</sup> Street</u>		Tel: <u>601-684-5678</u>	
Building Size <u>4500 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>30 yrs +</u>	
Present Use: <u>Housing for Food Service</u>	Prior Use: <u>Same</u>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <u>McComb School District</u>			
Address: <u>695 Minnesota Ave</u>			
City: <u>McComb</u>	State: <u>MS</u>	Zip: <u>39648</u>	
Contact: <u>Cedrick Ellis</u>		Tel: <u>601-684-4661</u>	
REMOVAL CONTRACTOR <u>Southeast Environmental Group, Inc</u>			
Address: <u>P O Box 433 / 296B 2nd Ave.</u>			
City: <u>York</u>	State: <u>AL</u>	Zip: <u>36925</u>	
Contact: <u>Bertha Rodgers</u>		Tel: <u>205-392-9308</u>	
OTHER OPERATOR:			
Address:			
City: <u>N/A</u>	State:	Zip: <u>N/A</u>	
Contact:			
V. IS ASBESTOS PRESENT? (Yes/No) <u>(YES)</u>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>Samples were tested using polarized light microscopy method. The Pickering Firm, Inc of Flowood, MS. 3-12-18</u> <u>Martin A Cooke / ABE 00002227</u>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed Category I      Category II UNIT	
Pipes			Ln Ft:      Ln M:
Surface Area		<u>4500 sq FT</u>	<u>Sq Ft:</u> Sq M:
Vol RACM Off Facility Component			Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>5-22-2018</u>		Complete: <u>5-24-2018</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>5-22-2018</u>		Complete: <u>5-24-2018</u>	



Removal of Floor tile and

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

Asbestos Removal will be done using wet method glove bag 16-mil Poly Containment

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Areas to be abated will be thoroughly wetted down & kept continuously wet with a fine water down detergent solution. Materials will be removed as much intact as possible until all areas are abated. Special attention will be given to reduction of any airborne particles being released.

XII. WASTE TRANSPORTER #1

Name: Southeast Environmental Group Inc.  
Address: P.O. Box 433 / 296B 2nd Avenue  
City: York State: AL Zip: 36925  
Contact Person: Bertha Rodgers Tel:

WASTE TRANSPORTER #2

Name: N/A  
Address:  
City: State: Zip:  
Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill  
Address: 520 Murphy Road  
City: Meridian State: MS Zip: 39301  
Tel: 601-483-0715 Dean

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A 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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

MDEQ will be notified immediately if any unforeseen ACM or additional ACM is discovered

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.

Bertha Rodgers Bertha Rodgers 5-2-2018  
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers Bertha Rodgers 5-2-2018  
Type or Print Name (Signature of Owner/Operator) (Date)