

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 09 2018	
Bldg. Name: Richland Upper Elementary						Dept. of Environmental Quality	
Address 175 Wilson Drive							
City: Richland			State: MS		Zip: 39218		
Site Location:					Tel: 601-939-2288		
Building Size 50,000 +/-			# of Floors: 1		Age in Years: 75+/-		
Present Use: Classrooms			Prior Use: Classrooms				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Rankin County School District							
Address: 1220 Apple Park Place							
City: Brandon			State: MS		Zip: 39042		
Contact:					Tel: 601-825-5590		
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: Richard Womack Construction, LLC							
Address: P. O. Box 541							
City: Magee			State: MS		Zip: 39218		
Contact: Richard Womack							
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 Willie J Nester ABI-2244 8/30/17							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			Category I	Category II	UNIT		
Pipes					Ln Ft: X	Ln M:	
Surface Area			100 sq ft FT/M	1,100 ln ft flashing	Sq Ft: X	Sq M:	
Vol RACM Off Facility Component		50 sq ft fittings			Cu Ft:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/22/18						Complete: 6/22/18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/22/18						Complete: 8/15/18	

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: Eagle Construction

Address: 1450 Old Brandon Rd

City: Flowood

State: MS

Zip: 39232

Contact Person:

Tel: 601-940-5411

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 North County Line Rd

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 CRUMBLER, 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)

5/9/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

5/9/18

(Date)