

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				
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)				
Bldg. Name: ICC NATURAL SCIENCE BUILDING				
Address: 2176 EASON BLVD				
City: TUPELO	State: MS	Zip: 38801		
Site Location: ICC TUPELO CAMPUS		Tel: 662-862-8130		
Building Size: 22,500 SQFT	# of Floors: 2	Age in Years: 50		
Present Use: SCHOOL	Prior Use: SCHOOL			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: ITAWAMBA COMMUNITY COLLEGE				
Address: 602 WEST HILL STREET				
City: TUPELO	State: MS	Zip: 38843		
Contact: THOMAS BONDS		Tel: 662-862-8130		
REMOVAL CONTRACTOR CHRISTOPHER GRIFFIN				
Address: 4812 WEST MAIN STREET				
City: TUPELO	State: MS	Zip: 38801		
Contact: CHRISTOPHER GRIFFIN		Tel: 662-266-9246		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No)				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
PLM, RON ROBINSON OCT.31, 2017				
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: Ln M:
Surface Area	2600SQ FT			Sq Ft: 2600 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/28/2018		Complete: 08/31/2018		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/28/2018		Complete: 08/31/2018		

RECEIVED

MAY 10 REC'D

Dept. of Environmental Quality

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

REROOFING BUILDING

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

KEEP WET

XII. WASTE TRANSPORTER #1

Name: **G&G SHEETMETAL & ROOFING LLC**Address: **4812 WEST MAIN STREET**City: **TUPELO**State: **MS**Zip: **38801**Contact Person: **CHRISTOPHER GRIFFIN**Tel: **662-266-9246**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **THREE RIVER LANDFILL**Address: **1904 PONTOTOC PARKWAY WEST**City: **PONTOTOC**State: **MS**Zip: **38863**Tel: **662-488-0444**

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:

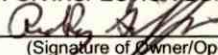
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP ALL WORK, KEEP IT WET

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.

Rickey Griffin

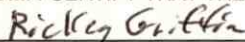
Type or Print Name


(Signature of Owner/Operator)

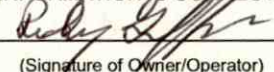
5-09-2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:



Type or Print Name


(Signature of Owner/Operator)

05-09-2018

(Date)