

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) SCHOOL				
Bldg. Name: Copia County Public Schools				
Address: 245 West Gallatin Street				
City: Hazlehurst	State: MS	Zip: 39083		
Site Location: Crystal Springs Middle School			Tel:	
Building Size: >15,000 sq ft	# of Floors: 1	Age in Years: 40+		
Present Use: School	Prior Use:			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: COPIA COUNTY PUBLIC SCHOOLS				
Address: 245 WEST GALATIN STREET				
City: HAZLEHURST	State: MS	Zip: 39083		
Contact: Mr. Carl Nobles			Tel:	
REMOVAL CONTRACTOR John Reid, Reid Abatement				
Address: 1621 Clearview Circle				
City: Columbia	State: MS	Zip: 39429		
Contact: John Reid			Tel: 601 441 5290	
OTHER OPERATOR: Hunting Lumber				
Address: 124 W Whitworth Street				
City: Hazlehurst	State: MS	Zip: 39083		
Contact: David Huntington				
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): Containment, Wet Method, Mechanical Scraper, PLM, EMSL				
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		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes	0			Ln Ft: Ln M:
Surface Area vct & maastic	12,500			Sq Ft: X Sq M:
Vol RACM Off Facility Component	0			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		May 23, 3018		Complete: June 8, 2018
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		June 8, 2018		Complete: July 18, 2018

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

Remove app 12,500 sq ft vct & Mastic

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

Containment, Wet Method, Neg Air, Double Bag

XII. WASTE TRANSPORTER #1

Name: John Reid

Address: 1621 Clearview Circle

City: Columbia

State: MS

Zip: 39429

Contact Person: John Reid

Tel: 601 441 5290

WASTE TRANSPORTER #2 NA

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Riverbend Environmental Services

Address: 4451 US 61

City: Fayette

State: MS

Zip: 39069

Tel: 601 786 0217

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

Name: NA

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 removal, contain area, contact MDEQ and Owner

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.

John Reid

Type or Print Name

(Signature of Owner/Operator)

May 8, 2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Reid

Type or Print Name

(Signature of Owner/Operator)

May 8, 2018

(Date)

RECEIVED
MAY 10 2018
Dept. of Environmental Quality