

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Aspestos Section, 515 E. Amite Street, Jackson, MS 39201							
Operator Project # Pos	Postmark Date Received		(MDEQ_use only)	Notification #	(MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Revised							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) DFM O							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Cateteria & Kitchen Phase 2							
Bldg. Name: Mc Comb High School Cuteteria and Kitchen Renovations							
Address 310 7th Street							
city: McComb state: MS			zip: 39648				
Site Location: 310 7th Street			тен: 601-684-5678				
Building Size 4500 SF # of Floors: 1			Age in Years: 36 415 +				
Present Use: Housing For Food Service Prior Use: Same							
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
M. A. J. Galant Dialiah							
CAN M. COLOR DO							
00 0		ms	zip: 3966	18	2 -		
Code V Ellis			margar at				
REMOVAL CONTRACTOR South east Environmental Group, Inc					C 208		
D N 2 1122 / 1001 0 901 /110							
City: VOTK State: A L zip: 36925							
contact: Bertha Roda	71 2	Tel: 205-392-9308					
OTHER OPERATOR:							
Address:							
City:	Zip:						
City: State: Zip: 1							
V. IS ASBESTOS PRESENT? (Ves/No)	wes.						
VI. PROCEDURE, INCLUDING ANALYTIC	CAL METHOD, IF APPROPE	RIATE, USED TO DETE	CT THE PRESENCE	OF ASBESTO	method.		
The Piekering Firm, Inc of	Flowood, 1115 3	-12-18		Jeer	MULTION.		
Martin A Cooke / ABI C	STOS	Nonfr	iable				
INCLUDING:		Asbestos Material Not		Indicate Unit of			
Regulated ACM to be Removed	RACM To Be	To Be R		Measurement Below			
 Category I ACM Not Removed Category II ACM Not Removed 	Removed	Category I	Category II	UNIT			
		Canagory 1	category ii				
Pipes				LnFt:	Ln M:		
Surface Area		4500 sq FT		SqFt:)	Sq M:		
Vol RACM Off Facility Component				CuFt:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-23-2018 Complete: 5-25-2018							
IX SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: $5-23-2(1)$ 8 Complete: $5-26-2(1)$ 9							

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of Flow file and						
mostic Removal will be dupe using wet mother globe bag 16 mil Poly Containment						
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BELISED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: acces to be abouted will be throughly wetted down and kept continuously wet with a fine water down deterring solution materials will be removed						
of any girban parties being related.						
XII. WASTE TRANSPORTER #1						
Name: Southeast Environmental Group Inc						
Address: POBOX 433 /296B 2nd flyenue						
city: YUK	State: HL	zip: 36925				
Contact Person: Bertha Rudgers		Tel: 205-392-9308				
WASTE TRANSPORTER #2						
Name: W A						
Address:						
City:	State:	Zip:				
Contact Person:		Tel:				
XIII. WASTE DISPOSAL SITE						
Name: Pine Ridge Loundfill						
Address: 520 Murphy Road						
city: Meridian	State: MS	zip: 3930				
Tel:						
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:						
Name: Title:						
Authority:						
Date of Order (MM/DD/YY):	D	ate 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:						
MDEQ will be notified immediately if any unforseen ALM or addition action action according to 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.						
Derthe Rodgers Souther to does 5-14-18						
Type or Print Name (Signature of Owner/Operator) (Date)						
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:						
Type or Print Name (Signature of Owner/Ope	(Date)					