

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 auditorium Bldg							
Bldg. Name: PINE GROVE School							
Address 3510 Co. Rd. 600							
City: Ripley		State: MS		Zip: 38663			
Site Location: Auditorium Bldg.				Tel: 662-837-7789			
Building Size 10,000 S.F.		# of Floors: 1		Age in Years: OVER 40			
Present Use: School		Prior Use: NONE					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: South Tiptah school District							
Address: 402 GREEN LEE ST.							
City: Ripley		State: MS		Zip: 38663			
Contact: STACY STREET				Tel: 662-685-4288			
REMOVAL CONTRACTOR SPECIALTY CONTRACTORS							
Address: 8310 WADE Rd.							
City: WARRIOR		State: AL		Zip: 35180			
Contact: JOHN TOTTEN				Tel: 205-907-7351			
OTHER OPERATOR: NONE							
Address:							
City:		State:		Zip:			
Contact:							
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 Ron Robinson May 9, 2018							
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		UNIT	
Pipes						Ln Ft: Ln M:	
Surface Area				Floor tile and mastic		Sq Ft: 2,400 Sq M:	
Vol RACM Off Facility Component						Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-11-18 Complete: 6-12-18							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:							

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MAY 31 2018
Dept. of Environmental Quality

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

NEW FLOORING

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

asbestos Abatement

XII. WASTE TRANSPORTER #1

Name: Specialty Contractors

Address: 8310 Wade Rd.

City: Warrior

State: AL

Zip: 35180

Contact Person: John Totten

Tel: 205-907-7351

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: THREE RIVERS Regional landfill

Address: ~~Pontotoc~~ P.O. Box 690

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

neg air, Hapa vacuum, wet method, asbestos bags, disposable coveralls, Respirators

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 Totten

Type or Print Name

(Signature of Owner/Operator)

5-29-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Totten

Type or Print Name

(Signature of Owner/Operator)

5-29-18

(Date)