

## 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=Cancelled A= Annual) <b>O</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Picayune High School</b>					
Bldg. Name: <b>Main Building</b>					
Address <b>800 5th Avenue</b>					
City: <b>Picayune</b>	State: <b>MS</b>	Zip: <b>39466</b>			
Site Location: <b>Same</b>		Tel:			
Building Size <b>40,000 SF</b>	# of Floors: <b>1</b>	Age In Years: <b>50</b>			
Present Use: <b>School</b>	Prior Use: <b>NA</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Picayune School District</b>					
Address: <b>706 Goodyear Blvd</b>					
City: <b>Picayune</b>	State: <b>MS</b>	Zip: <b>39466</b>			
Contact: <b>David Barrows</b>	Tel: <b>601-916-2943</b>				
REMOVAL CONTRACTOR <b>Global Contracting</b>					
Address: <b>226 Harry Sones Road</b>					
City: <b>Carriere</b>	State: <b>MS</b>	Zip: <b>39426</b>			
Contact <b>Eddie Blossman</b>	Tel: <b>601-916-5066</b>				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>9" x 9" floor tiles was assumed based on the school's AHERA management plan</b>					
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				Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>June 14, 2018</b>				Complete: <b>June 21, 2018</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>June 22, 2018</b>				Complete: <b>July 15, 2018</b>	

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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: <b>Remove ACM floor tiles and mastic and install new floor tiles</b>		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Containment, wet removal, double bagging		
XII. WASTE TRANSPORTER #1 <b>Global Contracting</b>		
Name: <b>Same</b>		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIII. WASTE DISPOSAL SITE <b>Central Landfill</b>		
Name: <b>Sam Williams</b>		
Address: <b>8800 Highway 11 North</b>		
City: <b>McNeill</b>	State: <b>MS</b>	Zip: <b>39457</b>
Tel: <b>601-795-2500</b>		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Data 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:		
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.		
Type or Print Name	(Signature of Owner/Operator)	(Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<b>Willie Nester</b>	<i>Willie Nester</i>	<b>5-31-18</b>
Type or Print Name	(Signature of Owner/Operator)	(Date)