

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) R					
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: Amite County High School / GYM					
Address: 600 Irene St #A					
City: Liberty	State: MS	Zip: 39645			
Site Location: Liberty MS		Tel: 601-657-8920			
Building Size: 100,000 SF	# of Floors: 1	Age in Years: 40 yrs >			
Present Use: school	Prior Use: school				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Amite County School District					
Address: 533 Maggie Street					
City: Liberty	State: MS	Zip: 39645			
Contact: Mrs. Lyndsey Latham	Tel: 601-657-4361				
REMOVAL CONTRACTOR: Socrates Garrett Enterprises					
Address: 2659 Livingston Rd					
City: Jackson	State: MS	Zip: 39213			
Contact: Joseph Antoine	Tel: 601-212-9555				
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 (Include inspector name and date of inspection):					
PLM Willie Nestor 6/12/2016					
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		Measurement Error	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area Window Patty			1,200	Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/7/2018 Complete: 12/15/2018					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/5/2018 Complete: 12/15/2018					

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

Abate and Demo windows from Gym

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

Mist windows with water during Abatement

XII. WASTE TRANSPORTER #1

Name: Socrates Garrett Enterprises
 Address: 2659 Livingston Rd
 City: Jackson State: MS Zip: 39213
 Contact Person: Joseph Antoine Tel: 601-212-9555

WASTE TRANSPORTER #2

Name:
 Address:
 City: State: Zip:
 Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Land fill
 Address: 1716 North county line rd
 City: Ridgeland State: MS Zip: 39157
 Tel: 601-982-9488

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

stop work notify Dea

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.

Joseph Antoine (Signature of Owner/Operator) 6/4/2018 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Joseph Antoine (Signature of Owner/Operator) 6/4/2018 (Date)