

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: <u>Amita County Elementary School</u> | | | | | |
| Address: <u>3457 Greenburg Rd</u> | | | | | |
| City: <u>Liberty</u> | State: <u>MS</u> | Zip: <u>39645</u> | | | |
| Site Location: <u>Liberty</u> | | Tel: <u>601-657-8311</u> | | | |
| Building Size: <u>80,000</u> | # of Floors: <u>1</u> | Age in Years: <u>#0 plus</u> | | | |
| Present Use: <u>school</u> | Prior Use: <u>school</u> | | | | |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) | | | | | |
| OWNER NAME: <u>Amita County School District</u> | | | | | |
| Address: <u>533 Maggie Street</u> | | | | | |
| City: <u>Liberty</u> | State: <u>MS</u> | Zip: <u>39645</u> | | | |
| Contact: <u>Mrs. Lindsey Latham</u> | | Tel: <u>601-657-4361</u> | | | |
| REMOVAL CONTRACTOR: <u>Socrates Garrett Enterprises</u> | | | | | |
| Address: <u>2559 Livingston Rd</u> | | | | | |
| City: <u>Jackson</u> | State: <u>MS</u> | Zip: <u>39217</u> | | | |
| Contact: <u>Joseph Antoine</u> | | Tel: <u>601-212-9555</u> | | | |
| OTHER OPERATOR: | | | | | |
| Address: | | | | | |
| City: | State: | Zip: | | | |
| Contact: | | | | | |
| V. IS ASBESTOS PRESENT? (Yes/No) <input checked="" type="checkbox"/> Yes | | | | | |
| VI. PROCEDURE INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): | | | | | |
| <u>PLM Willie Nestor 6/12/2018</u> | | | | | |
| 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 <u>Window Putty</u> | | | <u>20000</u> | Sq Ft: | Sq M: |
| Vol RACM Off Facility Component | | | | Cu Ft: | Cu M: |
| VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>6/7/2018</u> Complete: <u>12/15/2018</u> | | | | | |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>6/5/2018</u> Complete: <u>12/15/2018</u> | | | | | |

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

Abate windows. Restore with new glass + caulking

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP work notify DEQ

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 *Joseph Antoine* 6/4/2018
 Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine *Joseph Antoine* 6/4/2018
 Type or Print Name (Signature of Owner/Operator) (Date)