

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORMMail 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)					
Bldg. Name: MS Gulf Coast Community College Weathers/Wenzel Gym					
Address: 51 Main St, Perkinston					
City: Perkinston	State: MS	Zip: 39573			
Site Location: Weathers/Wenzel Gym		Tel: (601) 928-5211			
Building Size: 10,000sf	# of Floors: 2	Age in Years: 50yrs plus			
Present Use: Gym	Prior Use: Gym				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: MS Gulf Coast Community College					
Address: 51 Main St,					
City: Perkinston	State: MS	Zip: 39573			
Contact: Dr. Mary S. Graham		Tel: (601) 928-5211			
REMOVAL CONTRACTOR Anderson Environmental					
Address: P.O. Box 16891					
City: Jackson	State: MS	Zip: 39236			
Contact: Daryl Anderson		Tel: 601-940-4644			
OTHER OPERATOR: Vision Construction Inc.					
Address: 2860 W Navy Blvd					
City: Pensacola	State: FL	Zip: 32505			
Contact: J. Collins					
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 Presumed					
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	Transite siding panels			Sq Ft: 8000	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-20-18				Complete: 7-30-18	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6-20-18				Complete: 7-30-18	

RECEIVED**JUN 4 2018**

Dept. of Environmental Quality

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

Renovation of burned building after asbestos removal

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

Unbolted and removed intact in hold pieces, using wet method

XII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 4205 Beasley Road

City: Gautier, MS 39553

State: MS

Zip: 39553

Contact Person: Dispatch Supervisor

Tel: (228) 818-5393

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

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:

Halt all work and notify the proper authority

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.

Daryl Anderson

Type or Print Name

(Signature of Owner/Operator)

6-01-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

Type or Print Name

(Signature of Owner/Operator)

6-01-18

(Date)