

27554

# 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) <b>R</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>SCHOOL</b>						
Bldg. Name: <b>Copia County Public Schools</b>						
Address: <b>245 West Gallatin Street</b>						
City: <b>Hazlehurst</b>	State: <b>MS</b>	Zip: <b>39083</b>				
Site Location: <b>Crystal Springs Middle School</b>			Tel:			
Building Size: <b>&gt;15,000 sq ft</b>	# of Floors: <b>1</b>	Age in Years: <b>40+</b>				
Present Use: <b>School</b>	Prior Use:					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)						
OWNER NAME: <b>COPIA COUNTY PUBLIC SCHOOLS</b>						
Address: <b>245 WEST GALATIN STREET</b>						
City: <b>HAZLEHURST</b>	State: <b>MS</b>	Zip: <b>39083</b>				
Contact: <b>Mr. Carl Nobles</b>			Tel:			
REMOVAL CONTRACTOR <b>John Reid, Reid Abatement</b>						
Address: <b>1621 Clearview Circle</b>						
City: <b>Columbia</b>	State: <b>MS</b>	Zip: <b>39429</b>				
Contact: <b>John Reid</b>			Tel: <b>601 441 5290</b>			
OTHER OPERATOR: <b>Hunting Lumber</b>						
Address: <b>124 W Whitworth Street</b>						
City: <b>Hazlehurst</b>	State: <b>MS</b>	Zip: <b>39083</b>				
Contact: <b>David Huntington</b>						
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>Containment, Wet Method, Mechanical Scraper, PLM, EMSL</b>						
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
1. Regulated ACM to be Removed		RACM To Be Removed	Category I	Category II	UNIT	
2. Category I ACM Not Removed					Ln Ft:	Ln M:
3. Category II ACM Not Removed					Sq Ft: X	Sq M:
Vol RACM Off Facility Component					Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>May 25, 2018</b>				Complete: <b>June 8, 2018</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>June 8, 2018</b>				Complete: <b>July 18, 2018</b>		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: **REMOVE APP 12,500 SQ FT VCT & MASTIC, REVISION ADD 1,400 SQ FT TRANSITE PANELS INTACT**

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

Containment, Wet Method, Neg Air, Double Bag, poly wrap transite

XII. WASTE TRANSPORTER #1

Name: **John Reid**  
Address: **1621 Clearview Circle**  
City: **Columbia** State: **MS** Zip: **29429**  
Contact Person: **John Reid** Tel: **803 441 5290**

WASTE TRANSPORTER #2 NA

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

XIII. WASTE DISPOSAL SITE

Name: **Riverbend Environmental Services**  
Address: **4451 US 61**  
City: **Fayette** State: **MS** Zip: **39069**  
Tel: **601 786 0217**

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: **NA** 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, NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER. ASBESTOS IS FOUND OR PREVIOUSLY FOUND:

Stop removal, contain area, contact MDEQ and Owner

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE 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 Reid**  
Type or Print Name (Signature of Owner/Operator)

**UNE 4, 2018**  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

**John Reid**  
Type or Print Name (Signature of Owner/Operator)

**UNE 4, 2018**  
(Date)