## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201 Mail notification to: Date Received (MDEQ use only) Notification # (MDEQ use only) Operator Project # Postmark 0 I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) RECEIVE L R II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Bldg. Name: Greenwood High School Address 1200 Garrard Ave. Zip: 38930-0678 State: MS City: Grenwood Tel: 662-644-0670 Site Location: Wing B Building Size 16,000 SF Age in Years: 20 # of Floors: 1 School School Present Use: Prior Use: IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: Greenwood Public School District Address: 401 Howard St. Zip: 38930-0678 State: MS City: Greenwood Tel: 662-644-0670 Contact: David Taylor REMOVAL CONTRACTOR Northstar Demolition and Remediation LP Address: 76 East 9 Mile Rd Zip: 32534 State: FL City: Pensacola Tel: (850) 777-0365 Contact: Jerzy Sobski OTHER OPERATOR: Address: City: State: Zip: Contact: 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): April 18, 2018 Vance Nimrod P.E. VII. APPROXIMATE AMOUNT OF ASBESTOS Nonfriable **INCLUDING: Asbestos Material Not** Indicate Unit of **RACM** To Be Removed Measurement Below Regulated ACM to be Removed To Be Category I ACM Not Removed Removed UNIT Category II ACM Not Removed Category II Category I LnFt: Ln M: **Pipes** Surface Area Non-Friable SqFt: 16,000 Roof Sq M: CuFt: Cu M: Vol RACM Off Facility Component Complete: August 1 2018 July 9, 2018 VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: Complete: August 1, 2018 July 9, 2018 IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Remove old roof using manual methods while keeping wet , placing into double lined containers,		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Limit access to area, Wetting material, removing roof in large manageable sections.		
XII. WASTE TRANSPORTER #1		
Name: Republic Services		
Address: 1035 Old Drandon Rd		
City: Flowood State	City: Flowood State: MS	
Contact Person:		Tel:
WASTE TRANSPORTER #2		
Name:		
Address:	,	
City: State	);	Zip:
Contact Person:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: Big River Landfill		
Address: 52 Landfill Rd		
City: Leland State	: MS	Zip: 38756
Tel: (662) 332-7927		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: NA Title: NA		
Authority: NA		
Date of Order (MM/DD/YY): NA	Date Ordered to	Begin (MM/DD/YY): NA
XV. FOR EMERGENCY RENOVATIONS: NA		
Date and Hour of Emergency (MM/DD/YY): NA		
Description of the sudden unexpected event: NA		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:  NA		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
Stop Work, Notify MDEQ and owner, clean area revise notification		
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.		
Jerzy Sobski Type or Print Name (Signature of Owner/Operator)		June 21, 2018 (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATIONAS CORRECT		
Jerzy Sobski		June 21, 2018
Type or Print Name (Signature of Owner/Operator)		(Date)