73923

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) O 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) Magee Middle School

Bldg. Name: Cafeteria

Address 413 Choctaw Street W #100

City: Magee	State: MS	Zip: 39111
Site Location: Same		Tel: 601-849-3334
Building Size 4000 SF	# of Floors: 1	Age in Years: 50
Present Use: School Cafeteria	Prior Use: N/A	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Simpson County School District

Address: 111 Education Lane

City: Mendenhall	State: MS	Zip: 39114
Contact: Jeff Walker		Tel: 601-847-6008

REMOVAL CONTRACTOR Eagle Construction

Address: 1450 Old Brandon Road

City: Flowood	State: MS	Zip: 39232
Contact: Chuck Womack		Tel: 601-940-5411

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):

Willie Nester, May 31, 2018, flooring samples, PLM, EMSL laboratory

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				LnFt:	Ln M:
Surface Area		2500		SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: June 27, 2018 Complete: July 6, 2018

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

RECEIVED
JUN 27 2018
DEQ OPC

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

Abate approximately 2500 SF of ACM floor tile and mastic in the dining room.

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

Wet methods, containment, double bagging, negative pressure

XII. WASTE TRANSPORTER #1

Name: Eagle Construction

Address:

City: State: Zip:

Contact Person: Tel:

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N. County Line Road

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): May 29, 2018

Description of the sudden unexpected event: Renovation halted

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

Damaged floor tile needs to be replaced before school starts back.

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:

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.

Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Willie J. Nester 6-26-18

Type or Print Name (Signature of Owner/Operator) (Date)