65172

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

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: Military Lee LLC Old Lee High School

Address Columbus, MS 39705

City: Columbus MS. State: MS Zip: 39705

Site Location: 1815 Military Road Tel: 662 574-0275

Building Size 60,000 Sq Ft # of Floors: 2 Age in Years: 60

Present Use: Not in Used Prior Use: School

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

OWNER NAME: Scott Berry

Address: P.O. Box 8665

City: Columbus MS State: MS Zip: 8665

Contact: Scott Berry Tel: 662-574-0275

REMOVAL CONTRACTOR Forrest Construction LLC

Address: 591 Raymond Rd

City: Jackson MS State: MS Zip: 39204

Contact: Richard Forrest Tel: 601-720-7281

OTHER OPERATOR: N/A

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):

NA

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	floor tile / double layer insulation			LnFt: 20,605	Ln M:
Surface Area	ceiling scraping			SqFt: 15,000 sq ft	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-12-18 Complete: 12-12-18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-12-18 Complete: 3-14-18

RECEIVED

SEP 28 2018

Dept. of Environmental Quality

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

Wet Method

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

Wet Method

XII. WASTE TRANSPORTER #1

Name: Co Box

Address: Columbus

City: Columbus | State: MS | Zip:

Contact Person: | Tel:

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Pro USA

Address: 1600 S. 12th

City: Columbus | State: MS | Zip: 39701

Tel: 662-328-5578

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 ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work Call 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.

Tony Forest — Type or Print Name | Tony Forest — (Signature of Owner/Operator) | 9-28-15 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Tony Forest — Type or Print Name | Tony Forest — (Signature of Owner/Operator) | 9-28-15 — (Date)