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# 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) <input type="radio"/> O					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input type="radio"/> D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: OLD PRESIDENT'S HOME - COPIAH LINCOLN COMMUNITY COLLEGE					
Address 1008 Oswalt Drive					
City: WESSON	State: MS	Zip: 39191			
Site Location: 1008 Oswalt Drive			Tel:		
Building Size: 4000 sqft	# of Floors: 1	Age in Years: 30+			
Present Use: VACANT	Prior Use: RESIDENTIAL HOME				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Copiah Lincoln Community College					
Address: 1028 J. C. Redd Drive					
City: Wesson	State: MS	Zip: 39191			
Contact:			Tel:		
REMOVAL CONTRACTOR Demolition Specialist, LLC					
Address: P.O. Box 103					
City: Taylor	State: MS	Zip: 38673			
Contact: Ross Boatright	Tel: 662.816.8928				
OTHER OPERATOR: N/A					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? <input checked="" type="radio"/> Yes/ <input type="radio"/> No					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Pickering Firm, Inc. 2001 Airport Rd, Ste 201, Flowood, MS 39232 / Polarized light Microscopy Willie Nester, PE					
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				Ln Ft:	Ln M:
Surface Area Popcorn Ceiling & Jc	Non-Friable			Sq Ft: 10,000	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: April 5, 2019 Complete: April 30, 2019					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: April 15, 2019 Complete: May 15, 2019					

Dept. of Environmental Quality

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

Wet method demolition of residential building using heavy machinery hauled by rollers to appropriate disposal locations.

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

Water will be used to control dust. Wet method will be used to saturate and remove sheetrock mud/tape and popcorn ceiling.

XII. WASTE TRANSPORTER #1

Name: Demolition Specialist, LLC

Address: P.O. Box 103

City: Taylor

State: MS

Zip: 38673

Contact Person: Ross Boatright

Tel: 662.816.8928

WASTE TRANSPORTER #2

Name: Demolition Specialist, LLC

Address: P.O. Box 103

City: Taylor

State: MS

Zip: 38673

Contact Person: Ross Boatright

Tel:

XIII. WASTE DISPOSAL SITE

Name: Three Rivers Landfill

Address: 1904 Hwy 76 W

City: Pontotoc

State: MS

Zip: 38863

Tel: 662-488-0444

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

Name: N/A

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 CRUMBLLED, 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.

Ross Boatright

Type or Print Name

(Signature of Owner/Operator)

03/19/19

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Ross Boatright

Type or Print Name

(Signature of Owner/Operator)

03/19/19

(Date)