75474

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)

RECEIVED APR 25 2019 Dept. of Environmental Quality

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R 2

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: Chickasaw County School District Houlka Building #200

Address 501 Griffin Ave

City: Houlka	State: MS	Zip: 38850
Site Location: Building 200		Tel: 662-568-3333
Building Size 7,000 +/-	# of Floors: 1	Age in Years: 50+/-
Present Use: School Admin.	Prior Use: School Admin.	

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

OWNER NAME: Chickasaw Co. School District

Address: 501 Griffin Avenue

City: Houlka	State: MS	Zip: 38850
Contact: Superintendent: Dr. Betsy Aron Collums		Tel: 662-568-3333

REMOVAL CONTRACTOR Gulf Services Contracting INC

Address: 5000 Rangeline Road

City: Mobile	State: AL	Zip: 36619
Contact: Sean Brandon		Tel: 251-443-8161

OTHER OPERATOR:

Address: N/A

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):

PLM, Bulk Sample / Ron Robison (ABI-00001499 - EXP 4/30/2019) Inspected 03/18/2019

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				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/27/2019 Complete: 06/07/2019

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

* - NonFriable Cat 1 ACM window glazing & caulking to be removed via in tact whole component unit removal

** - 63 Window Units each measure 4 x 7 ft

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

Abatement and Demolition

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

Critical Barriers (poly, wet methods

XII. WASTE TRANSPORTER #1

Name: Resourceful Environmental Services, Inc.

Address: 1041 County Road 549

City: Ripley | State: MS | Zip: 38663

Contact Person: Shea Mask | Tel: 888-839-2830

WASTE TRANSPORTER #2

Name: N/A

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Three Rivers Landfill

Address: 1904 Pontotoc Pkwy

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: N/A

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. Test materials. Notify Owner and MDEQ of any changes.

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.

Sean Brandon (Type or Print Name) | Sean Brandon (Signature of Owner/Operator) | April 22, 2019 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Sean Brandon (Type or Print Name) | Sean Brandon (Signature of Owner/Operator) | April 22, 2019 (Date)