75605

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 MAY 28 2019 Dept. of Environmental Quality

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) Old Cafeteria

Bldg. Name: NEW SITE High school

Address 1020 Hwy 4 East

City: NEW SITE State: MS Zip: 38859

Site Location: Cafeteria Tel: 662-728-5205

Building Size 2000 SF # of Floors: 1 Age in Years: OVER 40

Present Use: cafeteria Prior Use: Same

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

OWNER NAME: PRENTISS Co. School District

Address: 105 North College St.

City: Booneville State: MS Zip: 38829

Contact: Chris Butler Tel: 662-728-4911

REMOVAL CONTRACTOR Specialty Contractors

Address: ~~Specialty Contractors~~ 8310 Wade Rd.

City: Warrior State: AL Zip: 35180

Contact: John Totten Tel: 205-902-7351

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): PLM Ron Robbinson

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~~ Floor tile & Mastic				SqFt: 1,800	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-6-19 Complete: 6-10-19

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

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

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

XII. WASTE TRANSPORTER #1

Name: Specialty Contractor

Address: 8310 wade Rd.

City: Warrior State: Al Zip: 35180

Contact Person: John Totten Tel: 205-907-7351

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City: State: Zip:

Tel:

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):

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: seal off area asbestos bags, wet method, neg air, Hepa vacuum.

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.

JOHN TOTTEN — Type or Print Name

John Totten — (Signature of Owner/Operator)

5-23-19 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN TOTTEN — Type or Print Name

John Totten — (Signature of Owner/Operator)

5-23-19 — (Date)