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) D

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: CHOCTAW COUNTY HIGH SCHOOL

Address 393 East Main Street

City: Ackerman	State: MS	Zip: 39735
Site Location: Building B		Tel: 662-285-4101
Building Size 10,500	# of Floors: 1	Age in Years: 84 +/-
Present Use: School	Prior Use: School	

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

OWNER NAME: Choctaw County School District

Address: 19 East Main Street

City: Ackerman	State: MS	Zip: 39735
Contact: Glen Beard Superintendant of Education		Tel: 601-285-4022

REMOVAL CONTRACTOR Gulf Services Contracting, Inc

Address: 5000 Rangeline Rd

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

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, 4/18/18, Willie Nestor Inspector # ADI-00002244

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	1,500 LF			LnFt:	Ln M:
Surface Area (Contaminated soil)	6,000 SF			SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/31/20 Complete: 4/24/20

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

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:

Wet Method, Full Containment, Negative Pressure

XII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 1600 12th Avenue South

City: Columbus	State: MS	Zip: 39701

Contact Person: Juile Goodwin	Tel: 662-328-5528

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	Zip:

Contact Person:	Tel:

XIII. WASTE DISPOSAL SITE

Name: Kemper County Landfill

Address: 21211 Highway 16 West

City: DeKaleb	State: MS	Zip: 39328

Tel: 601-743-2523

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. Modify Owner and MDEQ about 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.

Derek Biehl		3/16/20
Type or Print Name	(Signature of Owner/Operator)	(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Derek Biehl		3/16/20
Type or Print Name	(Signature of Owner/Operator)	(Date)