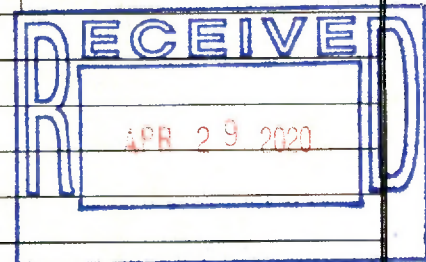


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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: Arlington Elementary School			
Address 3511 Arlington Street			
City: Pascagoula	State: MS	Zip: 39581	
Site Location: Library, Storage/Work Rooms, Main Office, Offices			Tel: (228) 938-6552
Building Size 40,000	# of Floors: 1	Age in Years: 50	
Present Use: School	Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Pascagoula-Gautier School District			
Address: 1006 Communy Avenue			
City: Pascagoula	State: MS	Zip: 39568	
Contact: Weber Parker			Tel: 228-938-6491
REMOVAL CONTRACTOR Hernandez Demolition & Remediation, LLC.			
Address: 19 Minor Hill Road			
City: Hartselle	State: AL	Zip: 35640	
Contact: Michael J. Brown			Tel: 251-379-7038
OTHER OPERATOR: Stewart Construction Co., Inc.			
Address: 1910 Eden Street			
City: Pascagoula	State: MS	Zip: 39581	
Contact: Tim Stewart			
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 Analysis; Inspector: Donald Thompson; Inspection Date: 8-26-88			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			Ln Ft: Ln M:
Surface Area	floor tile mastic (non-friable)		Sq Ft: 2850 Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/12/20		Complete: 5/18/20	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/22/20		Complete: 6/30/20	



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

Removal of carpet, VCT, & asbestos-containing mastic prior to new flooring installation & painting

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

wet methods, negative pressure containment

XII. WASTE TRANSPORTER #1

Name: **Waste Pro USA**

Address: **4205 Beasley Road**

City: **Gautier**

State: **MS**

Zip: **39553**

Contact Person: **Shane Langfit**

Tel: **228-348-1922**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Macland Disposal Center**

Address: **11300 MS Highway 63**

City: **Moss Point**

State: **MS**

Zip: **39562**

Tel: **228-475-9750**

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 ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop work in area, test material, notify owner & MS DEQ 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.

Type or Print Name

(Signature of Owner/Operator)

4/27/20

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

4/27/20

(Date)