

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	G.S.C. Job# 20-540	Postmark	11/9/2020	Date Received (MDEQ use only)	Notification # (MDEQ use only)
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R, changing start and end date					
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) Hunt School, Multiple bldgs., 2 floors					
Bldg. Name: Hunt School					
Address 924 20th St. N.					
City: Columbus		State: MS		Zip: 39701	
Site Location: Hunt School Multiple Bldgs.				Tel: 662-241-7160	
Building Size 75,000 +/-		# of Floors: 2		Age in Years: 50 years +/-	
Present Use: School		Prior Use: School			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Columbus Municipal School District					
Address: 2630 McArthur Dr.					
City: Columbus		State: MS		Zip: 39705	
Contact: Cherie Labat				Tel: 662-241-7400	
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:					
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, Environmental Evaluation & Control dated 5/28/2020 by Ron Robinson					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
<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		UNIT
			Category I	Category II	
Pipes Transite Ceiling Panels			Yes	xxx	Ln Ft: 49 S.F. Ln M:
Surface Area - ACM Floor tile & mastic			Yes	xxx	Sq Ft: 50,535 Sq M:
Vol RACM Off Facility Component					Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/01/2020				Complete: 12/30/2020	
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 renovation

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

Negative pressure, wet methods, full containment

XII. WASTE TRANSPORTER #1

Name: Waste Pro of Mississippi - Columbus (606)

Address: 1600 12th Avenue S.

City: Columbus

State: MS

Zip: 39701

Contact Person: Julie Goodwin

Tel: 662-574-0028

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:

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 CRUMBLED, 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.

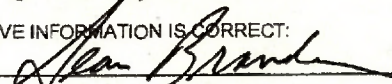
Sean Brandon
Type or Print Name


(Signature of Owner/Operator)

11/09/2020
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Sean Brandon
Type or Print Name


(Signature of Owner/Operator)

11/09/2020
(Date)