

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)					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <u>Kemper County High School / music room, HTC Rooms</u>					
Address: <u>200 Martin Luther King Rd</u>					
City: <u>DeKalb</u>	State: <u>MS</u>	Zip: <u>39328</u>			
Site Location: <u>same</u>		Tel: <u>601 743-5292</u>			
Building Size	# of Floors:	Age in Years:			
Present Use:	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>Kemper County High School</u>					
Address: <u>200 Martin Luther King Rd</u>					
City: <u>DeKalb</u>	State: <u>MS</u>	Zip: <u>39328</u>			
Contact:		Tel: <u>601 743-5292</u>			
REMOVAL CONTRACTOR <u>Forrest Construction</u>					
Address: <u>541 Raymond rd</u>					
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39204</u>			
Contact: <u>601 720-7281 or 769 214-8741</u>		Tel:			
OTHER OPERATOR: <u>Kemper County Maintenance Department</u>					
Address: <u>656 Stearns Industrial Park Rd</u>					
City: <u>DeKalb, MS</u>	State: <u>MS</u>	Zip: <u>39328</u>			
Contact: <u>601 743-5441</u>		Tel:			
V. IS ASBESTOS PRESENT? (Yes/No) <input checked="" type="radio"/> No					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
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			<u>PIPE</u>	Ln Ft: <u>20 FT</u>	Ln M:
Surface Area			<u>Floor tile</u>	Sq Ft: <u>700 sq ft</u>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>04/11/21</u> Complete: <u>06/11/21</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>06/11/21</u> Complete: <u>07/11/21</u>					

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

wet method

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

poly door and windows, containment

XII. WASTE TRANSPORTER #1

Name: Forrest Construction

Address: Sn 1 Raymond rd

City: Jackson

State: MS

Zip: 39204

Contact Person: Richard or Darinus Forrest

Tel: 601 720-7381

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Kemper Co. solid waste landfill

Address: 21211 Hwy 16 West

City: DeKalb

State: MS

Zip: 39328

Tel: 601 743-831

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

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:

N/A

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:

Call MDEU

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.

Darinus Forrest
Type or Print Name

[Signature]
(Signature of Owner/Operator)

03/19/21
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darinus Forrest
Type or Print Name

[Signature]
(Signature of Owner/Operator)

03/19/21
(Date)