

"Rev"

# 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) <i>Em 2.28.2022</i>		Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</b>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: <b>Neshoba Central</b>							
Address <b>1123 Golf Course Road</b>							
City: <b>Philidelphia</b>			State: <b>MS</b>		Zip: <b>39350</b>		
Site Location:						Tel: <b>601-656-3752</b>	
Building Size <b>Unknown</b>			# of Floors: <b>1</b>		Age in Years: <b>Unknown</b>		
Present Use: <b>School</b>			Prior Use: <b>Unknown</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <b>Neshoba School District</b>							
Address: <b>580 E. Main Street</b>							
City: <b>Philedelphia</b>			State: <b>MS</b>		Zip: <b>39350</b>		
Contact: <b>N/A</b>						Tel: <b>601-656-3752</b>	
REMOVAL CONTRACTOR <b>Snyder Environmental &amp; Construction, LLC (Asbestos Removal Contractor)</b>							
Address: <b>7705 Northshore Place</b>							
City: <b>North Little Rock</b>			State: <b>AR</b>		Zip: <b>72118</b>		
Contact: <b>Justin Dixon</b>						Tel: <b>501-801-2776</b>	
OTHER OPERATOR: <b>N/A</b>							
Address: <b>N/A</b>							
City: <b>N/A</b>			State: <b>N/A</b>		Zip: <b>N/A</b>		
Contact: <b>N/A</b>							
V. IS ASBESTOS PRESENT? (Yes/No) <b>yes</b>							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>Willie Nester (Pickering Firm) 5-14-2021</b>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
<ol style="list-style-type: none"> <li>Regulated ACM to be Removed</li> <li>Category I ACM Not Removed</li> <li>Category II ACM Not Removed</li> </ol>			Category I	Category II	UNIT		
Pipes				Dr Frame Cualking	LnFt: <b>696</b>	Ln M:	
Surface Area				WD Frame Caulking	SqFt: <b>1,000</b>	Sq M:	
Vol RACM Off Facility Component					CuFt:	Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3/1/2022</b>					Complete: <b>3/4/2022</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:					Complete:		

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

**Materials listed to be removed by hand so facility can be renovated.**

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

Materials will be wetted before/during/after abatement, properly pkgd and transported to a certified class 1 landfill.

XII. WASTE TRANSPORTER #1

Name: JWC Environmental

Address: 1400 Willow Lake Road

City: Toomsuba

State: MS

Zip: 39364

Contact Person: Cooper Huff

Tel: 601-480-1443

WASTE TRANSPORTER #2 N/A

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIII. WASTE DISPOSAL SITE

Name: Lauderdale Pine Ridge Landfill

Address: 520 Murphy Road

City: Meridian

State: MS

Zip: 39301

Tel: 601-483-0715

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): N/A

XV. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event: N/A

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

**Wet the unexpected, make safe the area, notify DEQ.**

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.

Barbara McElroy

*Barbara McElroy*  
(Signature of Owner/Operator)

2/28/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

*Barbara McElroy*  
(Signature of Owner/Operator)

2/28/2022

(Date)