

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only) 2/24/2022	Date Received 3/1/2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 0			RECEIVED MAR 01 2022 Dept. of Environmental Quality
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: Belmont High school Field House			
Address: 9 School Drive			
City: Belmont	State: MS.	Zip: 38827	
Site Location: Field House		Tel: 662-454-7924	
Building Size: 5,000 SF	# of Floors: 1	Age in Years: OVER 50	
Present Use: none Field House	Prior Use: none		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Tishomingo County School District			
Address: 1620 Paul Edmondson Drive			
City: Iuka	State: MS	Zip: 38852	
Contact:		Tel: 662-423-3206	
ASBESTOS REMOVAL CONTRACTOR:			
Address: Specialty Contractor LLC 8310 Wade Rd.			
City: WARRIOR	State: AL	Zip: 35180	
Contact: John Totten		Tel: 205-907-7331	
Certification Number: ABC-0000/133	Expiration Date: 12-18-22		
OTHER OPERATOR: Burton Builders			
Address: 55 MS-366			
City: Belmont	State: MS	Zip: 38827	
Contact: Tim Burton		Tel: 662-454-9757	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES			
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 12-15-21	
Inspector: Ron Robinson	Certification Number: AB1-00001499	Expiration Date: 4-15-22	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 40 LF window glazing			
Category I:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-14-22		Complete: 3-14-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-14-22		Complete: 3-25-22	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: **Demol Heavy Equipment**

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

XIII. WASTE TRANSPORTER #1

Name: **Specialty Contractor LLC**
Address: **8310 Wade Rd.**
City: **Warrior** State: **Al.** Zip: **35180**
Contact Person: **John Totten** Tel: **205-907-7351**

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: **Big Sky Environmental, LLC**
Address: **5700 Flat Top Rd.**
City: **Adamsville** State: **Al** Zip: **35005**
Contact Person: Tel: **205-743-0080**

XV. 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):

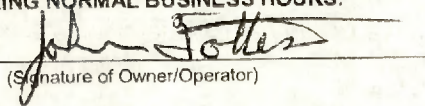
XVI. FOR EMERGENCY RENOVATIONS:

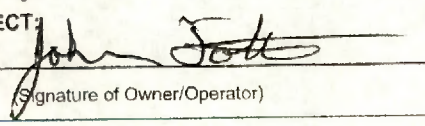
Date and Hour of Emergency (MM/DD/YY):
Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER: **Seal off area, amended water, HEPA vacuum, neg air, asbestos bags, suits, respirators**

XVIII. 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.

John Totten (Type or Print Name)  (Signature of Owner/Operator) **2-24-22** (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
John Totten (Type or Print Name)  (Signature of Owner/Operator) **2-24-22** (Date)