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# 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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 3.6.2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</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): <b>Franklin Co Sch Dist</b>				
Bldg. Name: <b>Lower Elementary</b>				
Address: <b>481 US 98</b>				
City: <b>Bude</b>	State: <b>MS</b>	Zip: <b>39653</b>		
Site Location: <b>Same</b>				Tel:
Building Size: <b>30,000</b>	# of Floors: <b>1</b>	Age in Years: <b>over 20</b>		
Present Use: <b>School</b>	Prior Use: <b>N/A</b>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Franklin County School District</b>				
Address: <b>41 South First Street</b>				
City: <b>Meadville</b>	State: <b>MS</b>	Zip: <b>39653</b>		
Contact: <b>Ben Rushing</b>	Tel: <b>601 757 8379</b>			
ASBESTOS REMOVAL CONTRACTOR: <b>Environmental Services</b>				
Address: <b>253 Delk Road</b>				
City: <b>Hattiesburg</b>	State: <b>MS</b>	Zip: <b>39401</b>		
Contact: <b>Joe Venus</b>	Tel: <b>601 408 1005</b>			
Certification Number: <b>ABC 00001330</b>			Expiration Date:	
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>			Inspection Date: <b>AHERA Plan 1989</b>	
Inspector: <b>N/A</b>	Certification Number: <b>N/a</b>	Expiration Date: <b>N/A</b>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Floor tiles and black mastics</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>30,000 squire feet</b>				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <b>30,000</b>	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/26/22</b>			Complete: <b>6/4/22</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>6/1/22</b>			Complete: <b>7/30/22</b>	

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

N/A

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

Use wet method and hand tools

**XIII. WASTE TRANSPORTER #1**

Name: Waste Pro

Address: 396 1/2 Liberty Road

City: Natchez

State: MS

Zip: 39120

Contact Person: Lynn

Tel: 601 361 967

**WASTE TRANSPORTER #2**

Name: N/a

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: N/a

Address:

City:

State:

Zip:

Contact Person:

Tel:

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

Name: N/a

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

Stop work call MDEW

**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.**

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
(Signature of Owner/Operator)

\_\_\_\_\_  
(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
(Signature of Owner/Operator)

\_\_\_\_\_  
(Date)