

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) 0				
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)				
Bldg. Name: <u>Discovery Christian School</u>				
Address: <u>111 Wesley Circle</u>				
City: <u>Florence</u>	State: <u>MS</u>	Zip:		
Site Location:		Tel: <u>601-891-0608</u>		
Building Size: <u>5,000 sq ft</u>	# of Floors: <u>1</u>	Age in Years: <u>40+</u>		
Present Use: <u>Vacant</u>	Prior Use: <u>office</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <u>Discovery Christian School</u>				
Address: <u>111 Wesley Circle</u>				
City: <u>Florence</u>	State: <u>MS</u>	Zip:		
Contact: <u>Anderson</u>	Tel: <u>601-891-0608</u>			
REMOVAL CONTRACTOR: <u>Environmental Management Plus, Inc.</u>				
Address: <u>P.O. Box 9361</u>				
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39286</u>		
Contact: <u>Alfred Martin, Ph.D.</u>	Tel: <u>601-922-1919</u>			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No)				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<u>Alfred Martin, Jr.</u> <u>Visual</u> <u>12/18/20</u>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below		
		Category I	Category II	UNIT
Pipes			Ln Ft:	Ln M:
Surface Area	<u>Floor tile</u>		Sq Ft: <u>4800</u>	Sq M:
Vol RACM Off Facility Component			Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		Complete: <u>2/19/21</u>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete: <u>2/22/21</u>		

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

abatement of acm floor tile

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

Glovebagging, wet method

XII. WASTE TRANSPORTER #1

Name: ADS
 Address: P.O. Box 1296
 City: Clinton State: MS Zip: 39060
 Contact Person: Donna Tel: 601-925-0507

WASTE TRANSPORTER #2

Name: n/a
 Address:
 City: State: Zip:
 Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill
 Address: 1716 N. Countyline Rd.
 City: Ridgeland State: MS Zip: 39157
 Tel: 601-982-9488

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

all work will be halted for additional inspection

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.

Alfred L. Martin, Jr. Ph.D. Alfred Martin
 (Type or Print Name) (Signature of Owner/Operator) 2/4/21 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred L. Martin, Jr. Alfred Martin
 (Type or Print Name) (Signature of Owner/Operator) 2/4/21 (Date)