

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 2-6-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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: Inka Middle school old Band Room				
Address: 507 WEST Quitman St.				
City: Inka		State: MS	Zip: 38852	
Site Location: Band Room		Tel:		
Building Size: 1200 SF		# of Floors: 1	Age in Years: OVER 50	
Present Use: NONE		Prior Use: Band Room		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Tishamingo Co. School District				
Address: 1020 Paul Edmondson Drive				
City: Inka		State: MS	Zip: 38852	
Contact: Matthew Walker		Tel: 662-423-3206		
ASBESTOS REMOVAL CONTRACTOR: Specialty Contractor LLC				
Address: 8310 Wade Rd				
City: Warrior		State: AL	Zip: 35180	
Contact: John Totten		Tel: 205-907-7351		
Certification Number: ABC 00001133		Expiration Date: 12-18-2022 2-3-24		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes		Inspection Date: 7-12-22		
Inspector: Ron Robinson		Certification Number: AB1-00001499	Expiration Date: 2-21-23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Window glazing and chalking				
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:				
Category I:		Category II: Window glazing 12 each windows		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-7-23 2-10-23 Complete: 2-8-23 2-10-23				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2-20-23 Complete: 2-24-23				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: **Demolished with Equipment and Hand demo**

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: **Removal, wet method, Hefpa vacuum**

XIII. WASTE TRANSPORTER #1

Name: **Specialty Contractor LLC**
Address: **8310 Warden 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**
Address: **5108 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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Seal off area, neg air, hepa vacuum, wet method asbestos bags, coveralls and 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) **1-23-23** (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Totten (Type or Print Name)  (Signature of Owner/Operator) **1-23-23** (Date)