

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark <b>6/24/21</b> <i>(Hand Delivered)</i>	Date Received (MDEQ use only) <b>6/24/21</b>	Notification # (MDEQ use only)
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>Revised</b>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Demo</b>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <b>Utica Consolidated School</b>			
Address <b>Carpenter Street</b>			
City: <b>Utica</b>	State: <b>MS</b>	Zip: <b>39066</b>	
Site Location: <b>Carpenter Street</b>		Tel: <b>(601) 624 - 6795</b>	
Building Size: <b>SC154X60 GYM 108X100</b>	# of Floors: <b>SC2 GYM1</b>	Age in Years: <b>50 PLUS</b>	
Present Use: <b>Vacant</b>	Prior Use: <b>School</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <b>Hinds County School District</b>			
Address: <b>13192 HWY 18</b>			
City: <b>Raymond</b>	State: <b>MS</b>	Zip: <b>39154</b>	
Contact: <b>Ivan Smith</b>		Tel: <b>(601) 624 - 6795</b>	
REMOVAL CONTRACTOR <b>Bestway Abatement</b>			
Address: <b>P. o. box 88</b>			
City: <b>Edwards</b>	State: <b>MS</b>	Zip: <b>39066</b>	
Contact: <b>Aaron Lee</b>		Tel: <b>(601) 383 - 3237</b>	
OTHER OPERATOR: <b>Bell Renovation</b>			
Address: <b>7670 West Northside Drive</b>			
City: <b>Bolton</b>	State: <b>MS</b>	Zip: <b>39041</b>	
Contact: <b>Kenny Bell</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>PLM/Aaron Lee/ June 9, 2021</b>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			Ln Ft:      Ln M:
Surface Area	<b>30,000</b>		Sq Ft: <b>30,000</b> Sq M:
Vol RACM Off Facility Component			Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>July 6, 2021</b>		Complete: <b>July 30, 2021</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>July 22, 2021</b>		Complete: <b>Sept. 23, 2021</b>	

JUN 24 REC'D

Dept. of Environmental Quality

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

wet method and renovation

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

wet method

XII. WASTE TRANSPORTER #1

Name: Aaron Lee

Address: P. O. Box 88

City: Edward

State: MS

Zip: 39066

Contact Person: Aaron Lee

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N County Line Road

City: Ridgeland

State: MS

Zip: 39157

Tel: (601) 982 - 9488

XIV. 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):

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:

Stop and call 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.

Aaron Lee  
Type or Print Name

*Aaron Lee*  
(Signature of Owner/Operator)

6/23/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee

*Aaron Lee*  
(Signature of Owner/Operator)

6/23/2021

(Date)

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