

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) O			
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: RAINES ELEMETARY SCHOOL			
Address 156 N FLAG CHAPEL ROAD			
City: JACKSON	State: MS	Zip: 39209	
Site Location: PRINCIPAL OFFICE		Tel: 601-923-2544	
Building Size SF	# of Floors: 1	Age in Years: 50	
Present Use: SCHOOL	Prior Use: SCHOOL		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: JACKSON PUBLIC SCHOOLS			
Address: 662 S PRESIDENT STREET			
City: JACKSON	State: MS	Zip: 39201	
Contact: SANDRA ROBINSON		Tel: 601-960-8700	
REMOVAL CONTRACTOR ANDERSON ENVIRONMENTAL			
Address: 870 FOLEY STREET			
City: JACKSON	State: MS	Zip: 39202	
Contact: DARYL ANDERSON		Tel: 601-354-4400	
OTHER OPERATOR: None			
Address:			
City:	State:	Zip:	
Contact:			
V. IS ASBESTOS PRESENT? (Yes/No) YES			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):			
PLM WILLIE NESTER PICKERING DATE: NOT KNOWN			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			Ln Ft: Ln M:
Surface Area Floor tile and mastic	5.76		Sq Ft: X Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-28-21		Complete: 7-30-21	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8-02-21		Complete: 8-10-21	

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

Removal of and replacement of floor tile in principals office

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

Area barricaded using asbestos signs and ape, conatainment under negative pressure removed using wet methods and AC

XII. WASTE TRANSPORTER #1

Name: **Anderson Environmental**

Address: **870 Foley Street**

City: **Jackson**

State: **MS**

Zip: **39202**

Contact Person: **Daryl Anderson**

Tel: **601-354-4400**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE **Rupublic**

Name: **LITTLE DIXIE LANDFILL**

Address: **1716 N COUNTY LINE 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 ASTESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

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.

Daryl Anderson

Type or Print Name


(Signature of Owner/Operator)

7-13-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

Type or Print Name


(Signature of Owner/Operator)

7-13-21

(Date)