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# 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) <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>Kosciusko middle Elementary School</b>							
Address <b>233 S. Wells Street</b>							
City: <b>Kosciusko</b>		State: <b>MS</b>		Zip: <b>39090</b>			
Site Location: <b>233 S. Wells Street</b>				Tel: <b>(662) 289-4653</b>			
Building Size		# of Floors: <b>2</b>		Age in Years:			
Present Use: <b>Series 2<sup>nd</sup> + 3<sup>rd</sup> grades</b>				Prior Use: <b>Same</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: <b>Kosciusko School District</b>							
Address: <b>229 West Washington Street</b>							
City: <b>Kosciusko</b>		State: <b>MS</b>		Zip: <b>39090</b>			
Contact: <b>Mrs. Kathy Smith</b>				Tel: <b>(662) 289-4771</b>			
REMOVAL CONTRACTOR <b>Southeast Environmental Group, Inc.</b>							
Address: <b>2963 2<sup>nd</sup> Ave. / PO Box 433</b>							
City: <b>York</b>		State: <b>AL</b>		Zip: <b>36925</b>			
Contact: <b>Bertha Rodgers</b>				Tel: <b>(205) 392-9308</b>			
OTHER OPERATOR:							
Address:							
City: <b>N/A</b>		State:		Zip: <b>N/A</b>			
Contact:							
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>EMS Analytical, Inc. Monica Loginess EPA 600/R-93/116 method using polarized light</b>							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:							
1. Regulated ACM to be Removed		RACM To Be Removed		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
2. Category I ACM Not Removed				Category I	Category II	UNIT	
3. Category II ACM Not Removed							
Pipes						Ln Ft:	Ln M:
Surface Area		<b>Floor tile + mastic</b>				Sq Ft:	Sq M:
Vol RACM Off Facility Component		<b>hallway + 2 rooms</b>				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>8-2-21</b>				Complete: <b>8-6-21</b>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>8-2-21</b>				Complete: <b>8-6-21</b>			

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Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Containment method to be used in removal process. Graded-bagged with owner's site information included in each bag.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Areas to be abated will be thoroughly wetted down and kept wet with a water down detergent solution. All materials to be abated will be removed as much intact as possible until all areas are done - this to reduce the emission of airborne particles.

XII. WASTE TRANSPORTER #1

Name: South East Environmental Group, Inc.  
Address: 2968 2<sup>nd</sup> Ave / PO Box 433  
City: York State: AI Zip: 36925  
Contact Person: Bertha Rodgers Tel: 205 392-9308

WASTE TRANSPORTER #2

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

XIII. WASTE DISPOSAL SITE

Name: Kemper County Landfill  
Address: 21211 Hwy 16 East  
City: DeKalb State: MS Zip: 39328  
Tel: (601) 483-9777

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER: MDEQ will be notified immediately; every precaution will be taken to prevent any spillage & to prevent the spread of any airborne particles. The same procedures as original abatement will be followed.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (49 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.

Bertha Rodgers (Type or Print Name) Bertha Rodgers (Signature of Owner/Operator) 7-19-21 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bertha Rodgers (Type or Print Name) Bertha Rodgers (Signature of Owner/Operator) 7-19-21 (Date)