

# 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>O</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>Collins High School / 9th grade hallway</b>					
Address <b>1208 S Dogwood Ave</b>					
City: <b>Collins</b>	State: <b>MS</b>	Zip: <b>39428</b>			
Site Location:		Tel:			
Building Size	# of Floors:	Age in Years:			
Present Use: <b>classroom</b>	Prior Use: <b>classroom</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Coahoma County School District</b>					
Address: <b>1211 S dogwoods Ave st</b>					
City: <b>Collins</b>	State: <b>MS</b>	Zip: <b>39428</b>			
Contact:		Tel: <b>601 765-6154</b>			
REMOVAL CONTRACTOR <b>Forrest Construction</b>					
Address: <b>591 Raymond rd</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39204</b>			
Contact: <b>Richard or Darin Forrest</b>		Tel: <b>601 720-7281</b>			
OTHER OPERATOR:					
Address:					
City: <b>N/A</b>	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):					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area	<b>floor tile &amp; mastic hallway</b>			Sq Ft: <b>6800</b>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>8-2-21</b> Complete: <b>8-13-21</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

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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. poly sheeting windows*

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: *Forrest Construction*

Address: *341 Raymond rd*

City: *Jackson*

State: *MS*

Zip: *39204*

Contact Person: *Richard or Denise Forrest*

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: *Clearview landfill*

Address: *2253 Mudlick rd*

City: *Lake*

State: *MS*

Zip: *39092*

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

*N/A*

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:

*wet method call mdeq*

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.

*Denise Forrest*  
Type or Print Name

*[Signature]*  
(Signature of Owner/Operator)

*7/19/21*  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

*Denise Forrest*  
Type or Print Name

*[Signature]*  
(Signature of Owner/Operator)

*7/19/21*  
(Date)