

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 7/19/21	Date Received (MDEQ use only) 7/26/21	Notification # (MDEQ use only) 0
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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 E**

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) **# 25**

Bldg. Name: **Annex Building**

Address **611 Bryan Avenue**

City: Columbia	State: MS	Zip: 39429
Site Location: High School	Tel: 601 736 4710	
Building Size 5000	# of Floors: 1	Age in Years: >20
Present Use: classroom	Prior Use: classroom	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **Columbia School District**

Address: **613 Bryan Avenue**

City: Columbia	State: MS	Zip: 39429
Contact: John Henry	Tel: 601 736 4710	

REMOVAL CONTRACTOR **Environmental Services**

Address: **253 Delk Road**

City: Hattiesburg	State: MS	Zip: 39401
Contact: Joe Venus	Tel: 601 408 1005	

OTHER OPERATOR: **N/A**

Address:

City:	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):

Stop work call DEQ

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 				LnFt:	Ln M:
Pipes				SqFt: X	Sq M:
Surface Area				CuFt:	Cu M:
Vol RACM Off Facility Component	1760				

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **7/20/21** Complete: **7/22/21**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **N/A** Complete:

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

N/A

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

wet materials pick up with hand tools

XII. WASTE TRANSPORTER #1

Name: Environmental Servicives

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Joe Venus

Tel: 601 408 1005

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE PBRWA

Name: PBRWA

Address: 5274 Hwy 29 South

City: Ovett

State: MS

Zip: 39573

Tel: 601 5452121

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

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY): 7/16/21

Date Ordered to Begin (MM/DD/YY): 7/20/21

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): 7/16/21

Description of the sudden unexpected event: floor tile popping up exposing mastic snfd brpken tiles

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

cant use classroom or start school without repairs

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work 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.

Type or Print Name (Signature of Owner/Operator)

7/16/21 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name (Signature of Owner/Operator)

7/16/21 (Date)