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) 12.20.21	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

RECEIVED DEC 20 2021

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

Bldg. Name: Powell Middle School

Address 3655 :Livingston Road

City: Jackson	State: MS	Zip: 39213
Site Location: Middle School		Tel: 601-962-8700
Building Size	# of Floors:	Age in Years:
Present Use: School	Prior Use: School	

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

OWNER NAME: Jackson Public School

Address: 662 S. President Street

City: Jackson	State: MS	Zip: 39213
Contact: Lonn Demoss-(GC-601-825-8967)		Tel: 601-962-8700

REMOVAL CONTRACTOR Snyder Environmental & Construction, LLC

Address: 7705 Northshore Place

City: North Little Rock	State: AR	Zip: 72118
Contact: Justin Dixon		Tel: 501-801-2776

OTHER OPERATOR: N/A

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):

Terracon Consultants-11/2/2021

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				LnFt:	Ln M:
Surface Area Exterior windows glazing				SqFt: 682	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/27/2021 Complete: 12/27/2021

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

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

Materials listed above will be removed by hand so facility can be renovated.

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

Materials will be wetted before/during/after abatement,properly packaged, labeled and transported to a certified class 1 LF.

XII. WASTE TRANSPORTER #1 Snyder Environmental & Construction, LLC

Name: Snyder Environmental & Construction, LLC

Address: 7705 Northshore Place

City: North Little Rock | State: AR | Zip: 72118

Contact Person: Justin Dixon | Tel: 501-801-2776

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Two Pines Landfill

Address: 100 Two Pine Drive

City: North Little Rock | State: AR | Zip: 72118

Tel: 501-801-2776

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

Name: N/A | Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A | Date Ordered to Begin (MM/DD/YY): N/A

XV. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event: N/A

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

N/A

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

Stop work, wet the unexpected, make safe the area and notified 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.

Barbara McElroy — Barbara McElroy — 12/10/2021

Type or Print Name — (Signature of Owner/Operator) — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy — Barbara McElroy — 12/10/2021

Type or Print Name — (Signature of Owner/Operator) — (Date)