

33053

# 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>Original Rev 1</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Reno</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Elementary School</b>				
Bldg. Name: <b>New Albany Elementary School</b>				
Address <b>874 Sam T Barkley Dr</b>				
City: <b>New Albany</b>	State: <b>MS</b>	Zip: <b>38652</b>		
Site Location:		Tel:		
Building Size <b>50,000</b>	# of Floors: <b>1</b>	Age in Years: <b>50</b>		
Present Use: <b>school</b>	Prior Use: <b>school</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>New Albany Schools Central Office</b>				
Address: <b>301 Hwy 15 North</b>				
City: <b>New Albany</b>	State: <b>MS</b>	Zip: <b>38652</b>		
Contact:		Tel: <b>662-534-1800</b>		
REMOVAL CONTRACTOR <b>Hardiman Remediation Services, Inc</b>				
Address: <b>29990 Stateline Rd E</b>				
City: <b>Ardmore</b>	State: <b>AL</b>	Zip: <b>35739</b>		
Contact: <b>Sandy Hardiman</b>		Tel: <b>256-423-8964</b>		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
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>PLM; GSE/ Sam McCutcheon 04-09-2019</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Category I	Category II
				UNIT
Pipes				Ln Ft:      Ln M:
Surface Area <b>sealer on roof</b>		<b>400 SF</b>		Sq Ft: <b>SF</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <del>7-2-19</del> <b>7-8-19</b>			Complete: <del>7-9-19</del> <b>7-9-19</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

removing sealer off all 4 corners of HVAC units on roof

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

containment, respirators, wet methods, neg air, PPE, printed bags, signage

XII. WASTE TRANSPORTER #1 TBD

Name:

Address:

City: State: MS Zip: 39701

Contact Person: Tel:

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE TBD

Name:

Address:

City: State: Zip:

Tel:

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: N/A

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:

isolate aream wet wipe, HEPA vac, Neg Air, Air Monitoring

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.

Sandy Hardiman  
Type or Print Name

*Sandy Hardiman*  
(Signature of Owner/Operator)

~~6-18-19~~ 7-2-19  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Sandy Hardiman

*Sandy Hardiman*  
(Signature of Owner/Operator)

~~6-18-19~~ 7-2-19  
(Date)