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) Original

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R

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

Bldg. Name: Winston County Courthouse		
Address 115 Court Street		
City: Louisville	State: MS	Zip: 39339
Site Location: 115 Court Street, Louisville, MS 39339		Tel: 662/773-5412
Building Size	# of Floors: 2	Age in Years: 78
Present Use: Courthouse	Prior Use:	

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

OWNER NAME: Winston County Board of Supervisors		
Address: P.O. Box 69		
City: Louisville	State: MS	Zip: 39339
Contact:		Tel: 662/773-3631
REMOVAL CONTRACTOR Graham Roofing, Inc.		
Address: 680 West Tibbee Road		
City: West Point	State: MS	Zip: 39773
Contact: Jimmy Cobb (ABC-00002229)		Tel: 662/492-9555
OTHER OPERATOR:		
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):

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				SqFt: 200	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/29/2020	Complete: 07/31/2020
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/04/2020	Complete: 09/04/2020

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

Roofing will be removed to concrete deck. ACM in wall flashing will be disposed of at ROBO landfill.

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

XII. WASTE TRANSPORTER #1

Name: Graham Roofing, Inc		
Address: 680 West Tibbee Road		
City: West Point	State: MS	Zip: 39746
Contact Person: Jimmy Cobb		Tel: 662/492-9555

WASTE TRANSPORTER #2

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

XIII. WASTE DISPOSAL SITE

Name: ROBO Landfill		
Address: 6447 Wahalak Road		
City: Scooba	State: MS	Zip: 39358
Tel: 662/793-4705		

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

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.

Jimmy Cobb — Type or Print Name

(Signature of Owner/Operator)

06/16/2020 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Cobb — Type or Print Name

(Signature of Owner/Operator)

06/16/2020 — (Date)