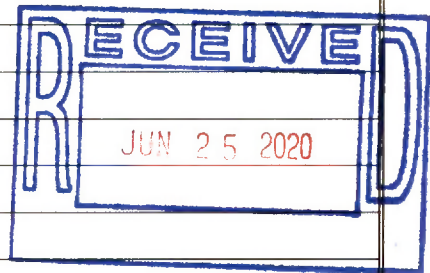


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) D					
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: Okolona School District Central Office					
Address: 411 Main St.					
City: Okolona	State: MS	Zip:			
Site Location:		Tel:			
Building Size: 20,000 sq ft +/-	# of Floors: 2	Age in Years:			
Present Use: Office Building	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Okolona School District					
Address: 412 Main St.					
City: Okolona	State: MS	Zip:			
Contact: Chad Spence, Superintendent	Tel: 662-447-2353				
REMOVAL CONTRACTOR: Environmental Management Plus, Inc.					
Address: P.O. Box 9301					
City: Osborne	State: MS	Zip: 39286			
Contact: Alfred Martin, Jr.	Tel: 601-922-1919				
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):					
PCM - Edward Lesniak - 8/1/19					
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				Sq Ft: 8000	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/6/2020 Complete: 7/12/2020					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					



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

Removal of acm FT and mastic

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

Glove bagging, wet method

XII. WASTE TRANSPORTER #1

Name: Waste Mngt. of MS			
Address: 1649 Hwy 15 N			
City: Houston	State: MS	Zip: 38851	
Contact Person:		Tel: 662-456-9560	

WASTE TRANSPORTER #2

Name: n/a			
Address:			
City:	State:	Zip:	
Contact Person:		Tel:	

XIII. WASTE DISPOSAL SITE

Name: Prairie Bluff Landfill			
Address: P.O. Box 573			
City: Houston, MS	State: MS	Zip: 38851	
Tel: 662-456-9560			

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 ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

All work will be halted for further inspection

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.

Alfred L. Martin, Jr.	<i>Alfred L. Martin, Jr.</i>	6/24/2020
Type or Print Name	(Signature of Owner/Operator)	(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

Alfred L. Martin, Jr.	<i>Alfred L. Martin, Jr.</i>	6/24/2020
Type or Print Name	(Signature of Owner/Operator)	(Date)