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) O

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: Leland Elementary School

Address 402 E Third St

City: Leland | State: MS | Zip: 38756

Site Location: | Tel: 662-686-5013

Building Size 50,000 sq ft +/- | # of Floors: 2 | Age in Years: 60 +/-

Present Use: School | Prior Use: School

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

OWNER NAME: Leland School District

Address: 408 East 4th St

City: Leland | State: MS | Zip: 38756

Contact: | Tel: 662-686-5000

REMOVAL CONTRACTOR Eagle Construction

Address: 1450 Old Brandon Rd

City: Flowood | State: MS | Zip: 39232

Contact: Chuck Womack | Tel: 601-940-5411

OTHER OPERATOR. Kenneth R Thompson, Jr Builder, Inc

Address: P. O. Box 1609

City: Greenwood | State: MS | Zip: 38935-1609

Contact: Hunter McNeer

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):

PLM Willie J Nester 1/31/2020

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	5,000 sq ft FT/M			SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/7/2020 Complete: 11/7/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/7/2020 Complete: 4/7/2021

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SEP 24 2020
Dept. of Environmental Quality

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

Removal of asbestos containing materials with hand tools

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

Stop work and notify competent person

XII. WASTE TRANSPORTER #1

Name: Waste Hauling & Disposal, Inc

Address: P. O. Box 870

City: Leland | State: MS | Zip: 38756

Contact Person: Mark Parkman | Tel: 662-347-0052

WASTE TRANSPORTER #2

Name: Eagle Construction

Address: 1450 Old Brandon Rd

City: Flowood | State: MS | Zip: 39232

Contact Person: Chuck Womack | Tel: 601-940-5411

XIII. WASTE DISPOSAL SITE

Name: Big River Landfill

Address: 48 Landfill Rd

City: Leland | State: MS | Zip: 39232

Tel: 601-982-9488

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:

Keep wet & notify owner

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.

Chuck Womack — Type or Print Name | (Signature of Owner/Operator) | 9/24/2020 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack — Type or Print Name | (Signature of Owner/Operator) | 9/24/2020 (Date)