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 High School		
Address 404 E. Third St		
City: Leland	State: MS	Zip: 38756
Site Location:		Tel: 662-686-5020
Building Size 50,000 +/-	# 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	2,200 FT/M/202 Windows			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

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:		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: 38756

Tel: 662-332-7927

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		9/24/2020
Type or Print Name	(Signature of Owner/Operator)	(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

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