

REV

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MAP

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 09-21-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>Revised</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>Renovation</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>Newhope Building 3-5</u>				
Address: <u>199 Enlow Drive</u>				
City: <u>Columbus</u>		State: <u>MS</u>	Zip: <u>39702</u>	
Site Location:		Tel: <u>(662) 244-4760</u>		
Building Size:		# of Floors: <u>1</u>	Age in Years: <u>65</u>	
Present Use: <u>Elementary School</u>		Prior Use: <u>Elementary School</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Lowndes County Schools</u>				
Address: <u>1053 Highway 45 South</u>				
City: <u>Columbus</u>		State: <u>MS</u>	Zip: <u>39701</u>	
Contact: <u>Jeff Crocker</u>		Tel:		
ASBESTOS REMOVAL CONTRACTOR: <u>Tri-State Abatement Inc.</u>				
Address: <u>10629 TXR Rd</u>				
City: <u>Vance</u>		State: <u>AL</u>	Zip: <u>35490</u>	
Contact: <u>Robin McElroy</u>		Tel: <u>(205) 331-5506</u>		
Certification Number: <u>ABC-00007441</u>		Expiration Date: <u>07/12/2024</u>		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No) <u>NO</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>Assumed yes</u>		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>Floor Tile.</u>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): <u>400 Floor Tile</u>	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>10/02/23</u>		Complete: <u>10/03/23</u>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:		

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

Asbestos Removal

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

Negative pressure with wet Method. ALL materials double bagged & disposed properly (ACBM)

**XIII. WASTE TRANSPORTER #1**

Name: Blue Sky Environmental Inc.

Address: 5100 Flat Top Rd

City: Adamsville

State: AL

Zip: 35005

Contact Person:

Tel: (205) 743-0800

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Big Sky Environmental

Address: 5100 Flat Top RD

City: Adamsville

State: AL

Zip: 35005

Contact Person:

Tel:

**XV. 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):

**XVI. 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:

**XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

Stop Work, Secure and Notify MDEQ

**XVIII. 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.**

Sean J Johnson

Type or Print Name

(Signature of Owner/Operator)

9-21-23

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Robin McElroy

Type or Print Name

(Signature of Owner/Operator)

9-21-23

(Date)