

# 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 <b>09-28-2023</b>	AI Number <b>81722</b>
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Newton High School</b>				
Address: <b>205 School St. /201 W 1st St</b>				
City: <b>Newton</b>		State: <b>MS</b>	Zip: <b>39345</b>	
Site Location: <b>Boiler Room</b>		Tel: <b>601-683-2232</b>		
Building Size:		# of Floors: <b>1</b>	Age in Years: <b>aprox 55 years</b>	
Present Use: <b>High School</b>		Prior Use: <b>High School</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Newton Municipal School District</b>				
Address: <b>205 School Street</b>				
City: <b>Newton</b>		State: <b>MS</b>	Zip: <b>39345</b>	
Contact: <b>Charlie Vickers</b>		Tel: <b>601-683-2451</b>		
ASBESTOS REMOVAL CONTRACTOR: <b>Southeast Environmental Group, Inc.</b>				
Address: <b>P.O. Box 433/ 296B 2nd Ave</b>				
City: <b>York</b>		State: <b>AL</b>	Zip: <b>36925</b>	
Contact: <b>Bertha Rodgers</b>		Tel: <b>205-392-9308</b>		
Certification Number: <b>ABC00001906</b>		Expiration Date: <b>06/02/2024</b>		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>YES</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>		Inspection Date: <b>May 11, 2023</b>		
Inspector: <b>Brady L Smith</b>		Certification Number: <b>ABI-00011069</b>	Expiration Date: <b>August 24, 2023</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Insulation located inside the boiler unit within the boiler room. It contained approx 2% chrysotile. Analysis by Polarized Light Microscopy (PLM). This material is classified as Category II, non-friable.</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): <b>approx 65 ln ft</b>	Surface Area (SQ FT):		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: <b>10/11/23</b>		Complete: <b>10/20/23</b>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>n/a</b>		Complete: <b>n/a</b>		

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
Removal of ACM containing insulation will be performed by trained and certified personnel. The ACM will be kept wet throughout the process. The work area will be protected and sealed by using the capsule concept to assure the least to no particles escape.

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

The non-friable ACM will be removed by competent personnel that is trained and knowledgeable in the removal, handling, and disposal of ACM. All work will be done to comply with Federal, State, and Local regulations. The work will be protected and sealed by using the capsule concept to assure the least to no particles escape. The concept of "keep it wet" will be used throughout the asbestos removal process.

**XIII. WASTE TRANSPORTER #1**

Name: Johnny Rodgers

Address: 296B 2nd Ave.

City: York

State: AL

Zip: 36925

Contact Person: Bertha Rodgers

Tel: 205-392-9308

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Kemper County Landfill

Address: 21211 Hwy 16 East

City: Dekalb

State: MS

Zip: 39328

Contact Person: Jimmy Thomas

Tel: 601-743-4310

**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:**

In this event, MDEQ will be notarized immediately. The ACM will be treated the same as the original.

**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.**

Bertha Rodgers

Type or Print Name

(Signature of Owner/Operator)

9/28/2023

(Date)

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

Bertha Rodgers

Type or Print Name

(Signature of Owner/Operator)

9/28/2023

(Date)