

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 5/4/22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Old Theater-East Greyhound Stadium Property				
Address: 2802 Bienville Drive				
City: Ocean Springs		State: MS	Zip: 39564	
Site Location: Old Theater			Tel: 228-872-3604	
Building Size: 10,000 sq. ft.		# of Floors: 1	Age in Years: 50+	
Present Use: Commercial		Prior Use: Commercial		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Ocean Springs School District-Operations Department				
Address: 1005 Hanley Road				
City: Ocean Springs		State: MS	Zip: 39564	
Contact: Brooks McKay			Tel: 228-872-3604	
ASBESTOS REMOVAL CONTRACTOR: Guarantee Environmental Services, LLC				
Address: 16248 Perkins Road				
City: Baton Rouge		State: LA	Zip: 70810	
Contact: Carl Sterling			Tel: 225-931-4860	
Certification Number: ABS-00011129			Expiration Date: 4/1/23	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 8/15/2015	
Inspector: Marty Cooke		Certification Number: ABI-00002227	Expiration Date: 1/15/2016	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
A/C duct work 1600 sq.ft in the ceiling and the roof flashing 800 sq. ft. around the outside edge of the building The building is concrete slab foundation and walls with steel beam structure and built up roof. suspect exterior and roofing materials were tested and the only things positive for asbestos was the gray sealant on the HVAC ducts, and the perimeter roof flashing				
VII. QUANTITY OF RACM TO BE REMOVED: 30 cu. yds.				
Pipes (LN FT):		Surface Area (SQ FT): 2400	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: 5/6/22			Complete: 5/13/22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Utilize wet removal techniques to keep materials wet so no airborne release.

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

Double bag asbestos, wet methods, environmental controls utilizing HEPA filtered air scrubbers & mobilized containment.

XIII. WASTE TRANSPORTER #1

Name: Waste Pro USA

Address: 4205 Beasley Road

City: Gautier

State: MS

Zip: 39553

Contact Person: Rene Fountain

Tel: 228-818-5393

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pecan Grove Landfill-Waste Management of MS, Inc.

Address: 9685 Firetower Road

City: Pass Christian

State: MS

Zip: 39571

Contact Person: Michael Eidt

Tel: 662-448-0773

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, verify suspect material is RACM, obtain additional permits if necessary.

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.

Shannon Rivett

Type or Print Name

Shannon Rivett

(Signature of Owner/Operator)

4/22/22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Shannon Rivett

Type or Print Name

Shannon Rivett

(Signature of Owner/Operator)

4/22/22

(Date)