



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 5.18.2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> D			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Wright Station			
Bldg. Name: Building D & Office			
Address: 101 Wright Place			
City: Greenwood	State: MS	Zip: 38930	
Site Location: Building D & Office			Tel: 228-348-0072
Building Size: D: 2700SF, Office: 500SF		# of Floors: 2/1	Age in Years: 50+
Present Use: none		Prior Use: Power Station	
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Greenwood Utilities			
Address: 101 Wright Place			
City: Greenwood	State: MS	Zip: 38930	
Contact:			Tel:
ASBESTOS REMOVAL CONTRACTOR: Southern Recycling and Demolition, Inc			
Address: 3586 Sangani Blvd Ste L301			
City: D'Iberville	State: MS	Zip: 39540	
Contact: Sarah Hickman			Tel: 228-348-0072
Certification Number: ABC-00005831		Expiration Date: 05/28/2022	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:			Tel:
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):			
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 8/16/2021
Inspector: Lee Roberts	Certification Number: ABI-00009020	Expiration Date: 02/11/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Roofing materials, insulation, transite Bulk samples analyzed using Polarized Light Microscopy (PLM).			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT): 14	Surface Area (SQ FT): 9500	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: 06/02/2022		Complete: 08/15/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 08/17/2022		Complete: 09/30/2022	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Total demolition using excavator		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
wet method, negative air, containment,		
XIII. WASTE TRANSPORTER #1		
Name: Southern Recycling and Demolition, Inc.		
Address: 3586 Sangani Blvd. Ste L301		
City: D'Iberville	State: MS	Zip: 39540
Contact Person: Sarah Hickman	Tel: 228-348-0072	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Leflore County Landfill		
Address: 15200 Highway 49 South		
City: Sidon	State: MS	Zip: 38954
Contact Person: Troy Thompson	Tel: 662-455-7762	
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 removal, contain material and keep wet, assess for additional controls needed, 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.		
Sarah Hickman		05/18/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Sarah Hickman		05/18/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)