

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 type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only): 5/26/2022	Date Received: 5/30/2022	AI Number:
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 0				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Classroom Building				
Bid. Name: Jefferson Davis High School				
Address: 891 Bass-Burkett Rd				
City: Bassfield		State: MS	Zip: 39421	RECEIVED MAY 31 2022 Dept. of Environmental Quality
Site Location: Bassfield MS		Tel:		
Building Size: over 15,000 S//F		# of Floors: 1	Age in Years: Over 30	
Present Use: School		Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Jefferson Davis School District				
Address: 1025 Third St				
City: Prentiss		State: MS	Zip: 39474	
Contact:		Tel: 6017922738		
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc				
Address: 761 Weathersby Rd				
City: Hattiesburg		State: MS	Zip: 39402	
Contact: Charles W Anderson Jr		Tel: 6012708179		
Certification Number: ABC-00003976			Expiration Date: 10/29/22	
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: 6/29/21	
Inspector: Paul Anderson		Certification Number: APL00001626		Expiration Date: 7/8/21
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM Tested Materials, Ceiling Materials, Floor coverings and Adhesive, window caulk, Misc TSI, Roofing				
VII. QUANTITY OF RACM TO BE REMOVED: Approx 15,000 s/f of Tile and Mastic				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: Approx 15,000 s/f of Tile and Mastic			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/10/22			Complete: 8/10/22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Project is ongoing			Complete:	

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

Removal of Flooring for Classroom Renovation

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

Wet Tile while in removal, Negative Air Units, Containment

XIII. WASTE TRANSPORTER #1 Abatement Contractors of Mississippi, Inc

Name: Abatement Contractors of Mississippi, Inc

Address: 761 Weathersby Rd

City: Hattiesburg

State: MS

Zip: 39402

Contact Person: Charles W Anderson Jr

Tel: 6012708179

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Solid Waste

Address: 5274 MS-29

City: Overtt

State: MS

Zip: 39424

Contact Person:

Tel: 6015452121

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:

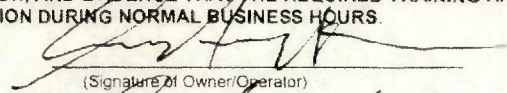
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop Work Notify owner and DEQ

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.

Charles W Anderson Jr

Type or Print Name



(Signature of Owner/Operator)

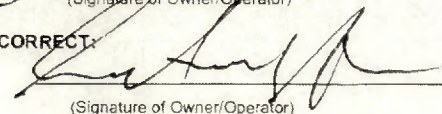
5/25/22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles W Anderson Jr

Type or Print Name



(Signature of Owner/Operator)

5/25/22

(Date)