



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)	Date Received: 10-24-22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Main Bldg Roof & Cafeteria Roof				
Bldg. Name: Gentry High School				
Address: 801 BB King Rd				
City: Indianola	State: MS	Zip: 38751		
Site Location: 801 BB King Rd, Indianola, MS 38751			Tel: 662-884-1240	
Building Size: 70,000 sf +/-	# of Floors: 1	Age in Years: 70 +/-		
Present Use: School	Prior Use: School			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Sunflower Co Consolidated School District				
Address: 196 Martin Luther King Dr				
City: Indianola	State: MS	Zip: 39074		
Contact: Marvin Hawkins	Tel: 662-887-4919			
ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction				
Address: 1450 Old Brandon Rd				
City: Flowood	State: MS	Zip: 39232		
Contact: Chuck Womack	Tel: 601-940-5411			
Certification Number: ABC-1799	Expiration Date: 3/4/2023			
OTHER OPERATOR: Upchurch Plumbing, Inc				
Address: P. O. Box 8106				
City: Greenwood	State: MS	Zip: 38935-8106		
Contact: Scott Upchurch	Tel: 662-453-6860			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 12/3/2021		
Inspector: Willie Nester	Certification Number: ABI-2244	Expiration Date: 2/4/2022		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Flashing, window caulk, plaster ceiling, ceiling tile		PLM		
VII. QUANTITY OF RACM TO BE REMOVED: 500 sf flashing				
Pipes (LN FT):	Surface Area (SQ FT): 500 sf	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I:	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/1/2022		Complete: 5/30/2023		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/1/2022		Complete: 11/30/2023		

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XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of asbestos containing materials with hand tools		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Stop work and notify competent person, keep asbestos wet, seal all critical barriers & put under negative pressure		
XIII. WASTE TRANSPORTER #1		
Name: ADS, Inc		
Address: P. O. Box 1296		
City: Clinton	State: MS	Zip: 39060-1296
Contact Person: Mark Parkman	Tel: 601-925-0507	
WASTE TRANSPORTER #2		
Name: Eagle Construction		
Address: 1450 Old Brandon Rd		
City: Flowood	State: MS	Zip: 39232
Contact Person: Chuck Womack	Tel: 601-940-5411	
XIV. WASTE DISPOSAL SITE		
Name: Little Dixie Landfill		
Address: 1716 North County Line Rd		
City: Ridgeland	State: MS	Zip: 39157
Contact Person: Mike Raley	Tel: 601-982-9488	
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, keep wet and double bag immediately		
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.		
Chuck Womack		10/24/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Chuck Womack		10/24/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)