

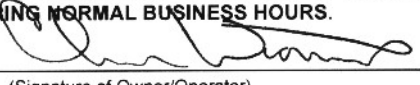

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 10-25-22	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): R				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number): Windows				
Bldg. Name: Ruleville Central High School				
Address: 360 L F Packer Dr				
City: Ruleville		State: MS	Zip: 38771	
Site Location: 360 L F Packer Dr, Ruleville, MS 38771			Tel: 662-756-4757	
Building Size: 12,000 sf		# of Floors: 1	Age in Years: 75 +/-	
Present Use: School		Prior Use: School		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Sunflower Co Consolidated School District				
Address: P. O. Box 70				
City: Indianola		State: MS	Zip: 38751	
Contact: Dr Miskia Davis			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: Thrash Commercial Contractors				
Address: 216 Woodgate Dr S				
City: Brandon		State: MS	Zip: 39042	
Contact: Trey Jacobs			Tel: 601-503-5475	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 12/3/2021	
Inspector: W Nester		Certification Number: ABI-2244	Expiration Date: 1/19/2023	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
Ceiling tile, sheetrock ceiling, textured ceiling, caulk, flashing, roofing, FT/M PLM				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> 1,600 lf window caulk				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b> N/A				
Category I:		Category II:		
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 11/3/2022			Complete: 1/31/2023	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 10/10/2022			Complete: 7/8/2024	

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<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Removal of asbestos containing materials with hand tools		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Stop work and notify competent person, keep wet, seal all critical barriers & put under negative pressure		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Waste Hauling & Disposal, Inc		
Address: P. O. Box 870		
City: Leland	State: MS	Zip: 38756
Contact Person: Tommy Hendrix	Tel: 662-347-0052	
<b>WASTE TRANSPORTER #2</b>		
Name: Eagle Construction		
Address: 1450 Old Brandon Rd		
City: Flowood	State: MS	Zip: 39232
Contact Person: Chuck Womack	Tel: 601-940-5411	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Big River Landfill		
Address: 52 Landfill Rd		
City: Leland	State: MS	Zip: 38756
Contact Person: Kap Perry	Tel: 662-332-7927	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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:</b>		
Stop work & notify owner, keep wet and double bag immediately		
<b>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.</b>		
Chuck Womack		10/25/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Chuck Womack		10/25/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)