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MAP

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 2-2-23	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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Laurel High School Votec Building				
Address: 1100 West 12th St.				
City: Laurel		State: MS	Zip: 39440	
Site Location: Culinary Arts Room/Rm 214V			Tel: 601-649-4144	
Building Size: 43,703		# of Floors: 2	Age in Years: 46 +/-	
Present Use: CAREER & TECHNICAL SCHOOL		Prior Use: SCHOOL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Laurel School District				
Address: 303 West 8th St.				
City: Laurel		State: MS	Zip: 39441	
Contact: Jason Martin			Tel: 601-506-4775	
ASBESTOS REMOVAL CONTRACTOR: GULF SERVICES CONTRACTING, INC.				
Address: 5000 RANGELINE ROAD				
City: MOBILE		State: AL	Zip: 36619	
Contact: JONATHAN VALLE			Tel: 251-443-8161	
Certification Number: ABC-00001674			Expiration Date: 04/01/2023	
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: 08/15/2022	
Inspector: Willie J Nester		Certification Number: ABI-00002244	Expiration Date: 01/19/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM METHOD, MULTIPLE SAMPLES TAKEN THROUGH OUT THE ENTIRE BLDG.				
VII. QUANTITY OF RACM TO BE REMOVED: 2,000 S.F. +/- in 2 rooms Culinary arts room & Room 214V				
Pipes (LN FT):		Surface Area (SQ FT): 2,000 S.F.	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II: Non Friable	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/13/23			Complete: 03/21/232	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Removal of VCT tile and mastic using solutions and scraping

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

NEGATIVE PRESSURE, WET METHODS, FULL CONTAINMENT

XIII. WASTE TRANSPORTER #1

Name: Gulf Services Contracting, Inc.

Address: 5000 Rangeline Road

City: Mobile

State: AL

Zip: 36619

Contact Person: Jonathan Valle

Tel: 251-443-8161

WASTE TRANSPORTER #2

Name: The Dumpster Guy

Address: 10150 Ben Hamilton Rd

City: Theodore

State: AL

Zip: 36582

Contact Person: Chris Wilkinson

Tel: 251-415-4545

XIV. WASTE DISPOSAL SITE

Name: EcoSouth/Axis Industrial Landfill

Address: 12945 US Hwy. 43

City: Axis

State: AL

Zip: 36506

Contact Person: Tiffany Broady

Tel: 251-402-1490

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, TEST MATERIALS. NOTIFY OWNER & 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.

JONATHAN VALLE

Jonathan Valle

Digitally signed by Jonathan Valle
DN: cn=Jonathan Valle, o=, email=jvalle@jvalle.com, c=US
Date: 2023.02.11 11:45:48-0500

2/01/23

Type or Print Name

(Signature of Owner/Operator)

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JONATHAN VALLE

Jonathan Valle

Digitally signed by Jonathan Valle
DN: cn=Jonathan Valle, o=, email=jvalle@jvalle.com, c=US
Date: 2023.02.11 11:45:48-0500

2/01/23

Type or Print Name

(Signature of Owner/Operator)

(Date)