

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 2-8-23	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): School room storage and bathroom			
Bldg. Name: High School Auditorium			
Address: 200 Ivey Avenue			
City: Louisville	State: MS	Zip: 39339	
Site Location: 200 Ivey Avenue	Tel: 6627733431		
Building Size: 15,000	# of Floors: 1	Age in Years: >20	
Present Use: school	Prior Use: school		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Louisville School District Municipal			
Address: 112 South Columbus Avenue			
City: Louisville	State: MS	Zip: 39339	
Contact: Matt Weeks	Tel: 662 773 3411		
ASBESTOS REMOVAL CONTRACTOR: Environmental Services LLC			
Address: 253 Delk Road			
City: Hattiesburg	State: MS	Zip: 39401	
Contact: Joe Venus	Tel: 601 408 1005		
Certification Number: ABC00001330	Expiration Date: 1/3/24		
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: 22	
Inspector: Andrew Wilson	Certification Number: ABI00006706	Expiration Date: ABI00011014 8-2-23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: all suspect materials, flooring materials, PCM analysis			
VII. QUANTITY OF RACM TO BE REMOVED: 200 sf			
Pipes (LN FT):	Surface Area (SQ FT):	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: 2/20/23		Complete: 2/20/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A		Complete: N/A	

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

N/A, school does work

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

Remove asbestos materials using wet method and hand tools

XIII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 1600 S 12th Ave

City: Columbus

State: MS

Zip: 39701

Contact Person:

Tel: 6623285528

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Robo Landfield

Address: 6447 Walhalak Rd

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland

Tel: 6627934795

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS: N/A

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:

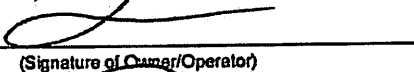
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work call 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.

Joe Venus

Type or Print Name


(Signature of Owner/Operator)

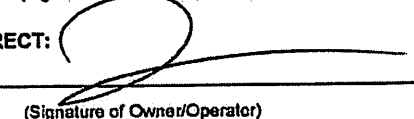
2/6/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus

Type or Print Name


(Signature of Owner/Operator)

2/6/23

(Date)