

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: Postmark (mai ▼Email □ Mail □ Hand Delivery	il only) Date	Received Al Number		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Re		n): D		
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Former Peavey Electronics Factory				
Address: 705 Main Street				
city: Leaksville	State: MS	zip: 39451		
Site Location:		Tel: 228-348-0072		
Building Size: 100,000	# of Floors: 1	Age in Years: 35+-		
Present Use: NONE	Prior Use: Manufactoring			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Greene County				
Address: 413 Greene Ave	Y			
city: Leakesville	State: MS	zip: 39451		
Contact: Sarah Hickman	Sarah Hickman			
ASBESTOS REMOVAL CONTRACTOR: Southern Recycling and Demolition, Inc.				
Address: 3586 Sangani Blvd. Ste. L301				
city: Diberville	State: MS	zip: 39540		
contact: Sarah Hickman		Tel: 228-348-0072		
Certification Number: ABC-00005831 Expiration		on Date: 5/27/2023		
OTHER OPERATOR: Pickering Firm (Air Monitoring)				
Address: 2001 Airport Rd				
city: Flowood	State: MS	Zip: 39232		
Contact: Marty Cooke		Tel: 601-906-8118		
v. was site inspected to determine presence of asbestos? (Yes/No): YeS				
WAS ASBESTOS PRESENT? (Yes/No): YeS Inspection Date: July 2015				
Inspector: Jason Yawn Certification Number: ABI00001476 Expiration Date: 7/24/2016 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Samples analyzed using PLM method				
flooring, mastic, ceiling, caulk, mortar, roofing, drywall, putty, glue, sealants				
VII. QUANTITY OF RACM TO BE REMOVED: 80000sf flooring, 120000sf roofing, 16 windows, 300sf ceiling tiles				
Pipes (LN FT): Surface Area (S	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: 01/24/2023 Complete: 03/31/2023				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/31/2023 Complete: 06/30/2023				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:					
Total demolition and removal using excavators					
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:					
Wet method, double bag					
XIII. WASTE TRANSPORTER #1					
Name: Southern Recycling and Demolition, Inc.					
Address: 3586 Sangani Blvd. Ste L301					
City: Diberville	State: MS		_{Zip:} 39540		
Contact Person: Sarah Hickman	ntact Person: Sarah Hickman Tel: 228-348-0072				
WASTE TRANSPORTER #2					
Name:					
Address:					
City:	State:		Zip:		
Contact Person:			Tel:		
XIV. WASTE DISPOSAL SITE					
Name: Pine Belt Regional Landfill					
Address: 5274 MS-29					
City: Ovett	State: MS		Zip: 39464		
Contact Person:			_{Tel:} 601-545-2121		
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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:					
Stop work, wet and isolate/contain material to assess for additional engineering methods needed, notify 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.					
Sarah Hickman		*	02/07/2023		
Type or Print Name	(Signature of Owner/Op	erator)	(Date)		
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRI	CORRECT:		02/07/2023		
Type or Print Name	(Signature of Owner/Operator)		(Date)		