

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 type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery | | Postmark (mail only) | Date Received 2.23.2023 | 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: LAUDERDALE CTE | | | | |
| Address: 412 US 11 #80 EAST | | | | |
| City: MERIDIAN | | State: MS | Zip: 39301 | |
| Site Location: 412 US 11 #80 EAST CTE BLDG ON CAMPUS | | | Tel: 601-693-1683 | |
| Building Size: 10,000 S.F. +/- | | # of Floors: 1 | Age in Years: 40 +/- | |
| Present Use: VACANT | | Prior Use: CAREER & TECHNICAL CENTER | | |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) | | | | |
| OWNER NAME: LAUDERDALE COUNTY SCHOOL DISTRICT | | | | |
| Address: 301 46TH COURT | | | | |
| City: MERIDIAN | | State: MS | Zip: 39305 | |
| Contact: DR. JOHN-MARK CAIN | | | Tel: 601-693-1683 | |
| ASBESTOS REMOVAL CONTRACTOR: GULF SERVICES CONTRACTING, INC. | | | | |
| Address: 5000 RANGELINE ROAD | | | | |
| City: MOBILE | | State: AL | Zip: 36619 | |
| Contact: DAVID SEAN BRANDON | | | 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: 1/6/23 | |
| Inspector: JACK MASSEY | | Certification Number: ABI-00003785 | Expiration Date: 4/12/23 | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: | | | | |
| PLM METHOD, MULTIPLE SAMPLES OF VCT (TILES) AND BLACK MASTIC TAKEN THROUGHOUT THE ENTIRE BUILDING. | | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: | | | | |
| Pipes (LN FT): | | Surface Area (SQ FT): 5,000 | Volume of Facility Components (CU FT): | |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 5,000 VCT | | | | |
| Category I: VCT, MASTIC | | | Category II: | |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/7/23 | | | Complete: 4/7/23 | |
| 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:

ABATEMENT & RENOVATION

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: JWC ENVIRONMENTAL-JEFF JAY

Address: 1400 WILLOW LAKE RD

City: TOOMSUBA

State: MS

Zip: 39364

Contact Person: JEFF JAY

Tel: 601-693-7713

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: PINE RIDGE LANDFILL

Address: 520 MURPHY RD

City: MERIDIAN

State: MS

Zip: 39301

Contact Person:

Tel: 601-693-7105

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 OWNERS, & 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=MS, email=jvalle@state.ms.us, c=US
Date: 2023.02.22 11:24:21 -0500

2/22/23

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=MS, email=jvalle@state.ms.us, c=US
Date: 2023.02.22 11:24:21 -0500

2/22/23

Type or Print Name

(Signature of Owner/Operator)

(Date)