

REV

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

| | | | |
|--|---|--|------------------|
| <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery | | Effective Date: 06-28-2023 | Expiration Date: |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Revised | | | |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): School Gym | | | |
| Bldg. Name: Hebron Christian Academy Gym | | | |
| Address: 5100 Henryville Road | | | |
| City: Pheba | State: MS | Zip: 39755 | Tel: |
| Site Location: | | | |
| Building Size: 7,000 s.f. | # of Floors: 1 | Age in Years: 25+ | |
| Present Use: Gym | Prior Use: N/A | | |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) | | | |
| OWNER NAME: Hebron Christian Academy | | | |
| Address: 5100 Henryville Road | | | |
| City: Pheba | State: MS | Zip: 39755 | Tel: |
| Contact: David Foster | | Tel: 662-295-8751 | |
| ASBESTOS REMOVAL CONTRACTOR: Graham Roofing Co | | | |
| Address: 680 West Tibbee Road | | | |
| City: West Point | State: MS | Zip: 39773 | Tel: |
| Contact: Sunni Parker | | Tel: 662/492-9555 | |
| Certification Number: ABC-00011163 | | Expiration Date: 07/06/2023 | |
| OTHER OPERATOR: | | | |
| Address: | | | |
| City: | State: | Zip: | Tel: |
| Contact: | | | |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes | | | |
| WAS ASBESTOS PRESENT? (Yes/No): Yes | | Inspection Date: 12/20/2022 | |
| Inspector: Ron Robinson | Certification Number: ABI-00001499 | Expiration Date: 02/21/2023 | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: | | | |
| Bulk roofing samples collected and analyzed using PLM. | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: | | | |
| Pipes (LN FT): | Surface Area (SQ FT): 7,000 | 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: 7/5/2023 | | Complete: 7/14/2023 | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DDYY) Start: 7/5/2023 | | Complete: 7/21/2023 | |

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

Removal of BUR using wet method and lined dumpsters

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

Wet method and lined dumpsters

XIII. WASTE TRANSPORTER #1

Name: Graham Roofing Co

Address: 680 West Tibbee Road

City: West Point

State: MS

Zip: 39773

Contact Person: Sunni Parker

Tel: 662/492-9555

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: RoBo Landfill

Address: 6447 Wahalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person:

Tel: 662/793-4795

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Wet method and lined dumpsters

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.

Sunni Parker

Type or Print Name

Sunni Parker (Signature of Owner/Operator)

6/28/2023 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Sunni Parker

Type or Print Name

Sunni Parker (Signature of Owner/Operator)

6/28/2023 (Date)