

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 checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) 7.8.2023	Date Received 7.11.2023	AI Number 83374
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>O</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>Iuka Middle school</u>				
Address: <u>507 W Quitman St.</u>				
City: <u>Iuka</u>		State: <u>MS</u>		Zip: <u>38852</u>
Site Location: <u>Gym</u>				Tel: <u>662-423-3316</u>
Building Size: <u>10,000 SF</u>		# of Floors: <u>2</u>		Age in Years: <u>OVER 50</u>
Present Use: <u>Gym</u>		Prior Use: <u>Gym</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Tishomingo County School District</u>				
Address: <u>1620 Paul Edmondson Dr.</u>				
City: <u>Iuka</u>		State: <u>MS.</u>		Zip: <u>38852</u>
Contact: <u>Mathew Walker</u>		Tel: <u>662-660-6540</u>		
ASBESTOS REMOVAL CONTRACTOR: <u>Specialty Contractor</u>				
Address: <u>8310 Wade Rd.</u>				
City: <u>WARRIOR</u>		State: <u>AL</u>		Zip: <u>35180</u>
Contact: <u>John Totten</u>		Tel: <u>205-987-7351</u>		
Certification Number: <u>ABC-00001133</u>			Expiration Date: <u>2-3-24</u>	
OTHER OPERATOR:				
Address:				
City:		State:		Zip:
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>YES</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>YES</u>			Inspection Date: <u>6-28-23</u>	
Inspector: <u>Ron Robinson</u>		Certification Number: <u>ABI-00001499</u>		Expiration Date: <u>2-13-24</u>
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<u>PLM</u>				<u>FLOORING</u>
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):		Volume of Facility Components (CU FT):
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <u>850 SF Floor tile mastic</u>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>7-21-23</u>			Complete: <u>7-22-23</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>7-28-23</u>			Complete: <u>8-2-23</u>	

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

NEW Flooring

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

asbestos abatement neg air and wet method.

XIII. WASTE TRANSPORTER #1

Name: Specialty Contractor
 Address: 8310 Wade Rd.
 City: Warrior State: AL Zip: 35180
 Contact Person: JOHN TOTTEN Tel: 205-907-7357

WASTE TRANSPORTER #2

Name:
 Address:
 City: State: Zip:
 Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Big SKY ENVIRONMENTAL LLC
 Address: 5100 Flat Top Rd.
 City: Adamsville State: AL Zip: 35005
 Contact Person: Tel: 205-743-0080

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:

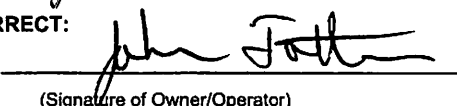
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

neg. air, wet method, asbestos bags, suits, Respirators. seal off area

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.

JOHN TOTTEN (Type or Print Name)  (Signature of Owner/Operator) 7-7-23 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN TOTTEN (Type or Print Name)  (Signature of Owner/Operator) 7-7-23 (Date)