

# 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: 6/3/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): ROOF				
Bldg. Name: LOUISVILLE ELEMENTARY SCHOOL AUDITORIUM				
Address: 172 NORTH COLUMBUS AVE				
City: LOUISVILLE		State: MS	Zip: 39339	
Site Location: LES CAMPUS		Tel: 662.773.3258		
Building Size: 9,000 SQF		# of Floors: 1	Age in Years: 80+/-	
Present Use: AUDITORIUM		Prior Use: SAME		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: LOUISVILLE MUNICIPAL SCHOOL DISTRICT				
Address: 891 SOUTH COLUMBUS AVE				
City: LOUISVILLE		State: MS	Zip: 39339	
Contact: RONNIE WARE		Tel: 662.773.3411		
ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction				
Address: 1450 Old Brandon Rd				
City: Flowood		State: MS	Zip: 39232	
Contact: Chuck Womack		Tel: 601-940-5411		
Certification Number: ABC-1799			Expiration Date: 3/4/2023 3/1/2025	
OTHER OPERATOR: INDEPENDENT ROOFING				
Address: 175 EXCELL DR				
City: PEARL		State: MS	Zip: 39208	
Contact: LARRY MONTPELIER		Tel: 601.665.9360		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 01.26.24	
Inspector: WILLIE NESTER		Certification Number: AB1-2244	Expiration Date: 01.24.25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM - ROOFING, FLASHING				
VII. QUANTITY OF RACM TO BE REMOVED: 1000 l/f of FLASHING 7,400 SQF BUILTUP ROUTING				
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: 06.17.24			Complete: 07.17.24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 06.17.24			Complete: 07.30.24	

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

Removal of asbestos containing materials with hand tools

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

Stop work and notify competent person, keep wet, seal all critical barriers & put under negative pressure

**XIII. WASTE TRANSPORTER #1**

Name: ADS, Inc

Address: P. O. Box 1296

City: Clinton

State: MS

Zip: 39060-1296

Contact Person: Mark Parkman

Tel: 601-925-0507

**WASTE TRANSPORTER #2**

Name: Eagle Construction

Address: 1450 Old Brandon Rd

City: Flowood

State: MS

Zip: 39232

Contact Person: Chuck Womack

Tel: 601-940-5411

**XIV. WASTE DISPOSAL SITE**

Name: Little Dixie Landfill

Address: 1716 North County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel: 601-982-9488

**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 owner, keep wet and double bag immediately

**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.**

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

(Date)

06.03.24

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

(Date)

06.03.24