

# 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 <b>6/3/2024</b>	AI Number <b>78836</b>
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>1st Floor Sheriff's Office/911, 2nd Floor Corridor/Offices</b>				
Bldg. Name: <b>Alcorn County Courthouse</b>				
Address <b>600 E Waldron St,</b>				
City: <b>Corinth</b>	State: <b>MS</b>	Zip: <b>38834</b>	County: <b>Alcorn</b>	
Site Location: <b>Corinth, MS</b>		Tel:		
Building Size <b>26,000 sf</b>	# of Floors: <b>3</b>	Age in Years: <b>100 yrs</b>		
Present Use: <b>Courthouse / Administrative</b>	Prior Use: <b>Courthouse / Administrative</b>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Alcorn County</b>				
Address: <b>600 E Waldron St,</b>				
City: <b>Corinth</b>	State: <b>MS</b>	Zip: <b>38834</b>		
Contact: <b>Dustin McMillan</b>	Tel: <b>662-587-0327</b>			
ASBESTOS REMOVAL CONTRACTOR: <b>MAK Environmental, LLC</b>				
Address: <b>17115 Finnell Rd</b>				
City: <b>Northport</b>	State: <b>AL</b>	Zip: <b>35475</b>		
Contact: <b>Aubry L McCarley</b>	Tel: <b>205-310-8863</b>			
Certification Number: <b>ABC-00007308</b>	Expiration Date: <b>1-11-25</b>			
OTHER OPERATOR: <b>None</b>				
Address: <b>NA</b>				
City: <b>NA</b>	State: <b>NA</b>	Zip: <b>NA</b>		
Contact: <b>NA</b>	Tel: <b>NA</b>			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>		ABI-2244	Inspection Date: <b>6-1-23</b>	
Inspector: <b>WILLIE J. NESTER, P. E.</b>	Certification Number: <b>APB-00002090</b>	Expiration Date: <b>1/24/2025</b>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Floor tile, mastic, plaster, ceiling tiles, caulk, glazing, pipe insulation, joint compound. Samples were analyzed with Polarized Light Microscopy (PLM)</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>1,500 sf Acoustic Ceiling Tile</b>				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT): <b>95 cu ft</b>		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>3,000 sf Floor Tile and Mastic</b>				
Category I: <b>Floor Tile and Mastic</b>		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>06-15-24</b>		Complete: <b>06-18-24</b>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>06-20-24 Reno</b>		Complete: <b>07-1-25 Reno</b>		

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

Complete restoration of historic courthouse to include new finishes throughout

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

All work will be performed within a negative pressure containment. All material will be thoroughly wet at all stages of removal and disposal.

**XIII. WASTE TRANSPORTER #1**

Name: MAK Environmental, LLC in Enclosed Cargo Trailer

Address: 17115 Finnell Rd

City: Northport

State: AL

Zip: 35475

Contact Person: Aubry L McCarley

Tel: 205-310-8863

**WASTE TRANSPORTER #2 None**

Name: NA

Address: NA

City: NA

State: NA

Zip: NA

Contact Person: NA

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Robo Asbestos Landfill

Address: 6447 Wahalak Rd

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edmonds

Tel: 662-361-0300

**XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

Name: NA

Title: NA

Authority: NA

Date of Order (MM/DD/YY): NA

Date Ordered to Begin (MM/DD/YY): NA

**XVI. FOR EMERGENCY RENOVATIONS: NA**

Date and Hour of Emergency (MM/DD/YY): NA

Description of the sudden unexpected event:

NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

NA

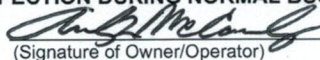
**XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:**

Keep wet and expand containment. MS asbestos Inspector will be notified for testing. If material is regulated we will revise notification.

**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.**

Aubry L McCarley

Type or Print Name

  
(Signature of Owner/Operator)

6-3-24

(Date)

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

Aubry L McCarley

Type or Print Name

  
(Signature of Owner/Operator)

6-3-24

(Date)