

## 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>6/14/2024</b>	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) <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Former Red Water Health Clinic				
Address: 1930 North Pearl Street				
City: Carthage	State: MS	Zip: 39051	County: Leake	
Site Location: 1930 North Pearl Street			Tel: n/a	
Building Size: 20,000	# of Floors: 1	Age in Years: 60+		
Present Use: vacant	Prior Use: Clinic			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Mississippi Band of Choctaw Indians				
Address: 101 Industrial Road				
City: Choctaw	State: MS	Zip: 39350		
Contact: Kelby Anderson	Tel: (601)663-7621			
ASBESTOS REMOVAL CONTRACTOR: Demolition Specialist, LLC				
Address: P.O. Box 103				
City: Taylor	State: MS	Zip: 38673		
Contact: Jarrett Horn	Tel: 601-985-7260			
Certification Number: ABC-00012737		Expiration Date: 08/21/2024		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes.</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes.</b>		Inspection Date: 07/09/2019		
Inspector: Mark Walters	Certification Number: ABI-00006317	Expiration Date: 03/08/2020 <b>11/14/2024</b>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM - by EMSL Analytical, Inc., Baton Rouge, LA - tile / Mastic				
<i>Assumed by Jarrett Horn</i>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>Non-Friable</b>				
Pipes (LN FT):	Surface Area (SQ FT): 100	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: Tile / Mastic	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06/26/2024		Complete: 06/30/2024		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/10/2024		Complete: 09/10/2024		

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

Demolition : Wet method, Trackhoe, Mini-X, Haul-Off and Disposal to appropriate landfills. Any ACM's found will be handled according to DEQ guidelines.

**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

**XIII. WASTE TRANSPORTER #1**

Name: Demolition Specialist, LLC

Address: P.O. Box 103

City: Taylor

State: MS

Zip: 38673

Contact Person: Ross Boatright

Tel: 662-816-8928

**WASTE TRANSPORTER #2 N/A**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Little Dixie Landfill

Address: 1716 North County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person: 601-982-9488

Tel:

**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 immediately and notify competent person.

**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.**

Ross Boatright

Type or Print Name

(Signature of Owner/Operator)

06/07/2024

(Date)

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

Type or Print Name

(Signature of Owner/Operator)

(Date)