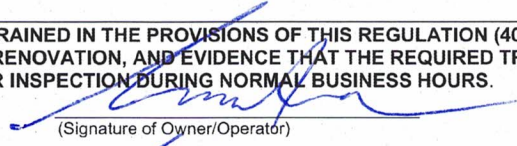



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 1/27/2025	AI Number 83178
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Central Office for School District			
Bldg. Name: Petal School District Central Office			
Address 103 E. Central Ave			
City: Petal	State: MS	Zip: 39465	County: Forrest
Site Location: Petal MS		Tel: 6012708179	
Building Size: over 5000 s/f	# of Floors: 1	Age in Years: over 30	
Present Use: Empty for Renovation (Offices)	Prior Use: School District Admin Offices		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Petal School District			
Address:			
City: Petal	State: MS	Zip:	
Contact: Charles W Anderson Jr		Tel: 6012708179	
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of MS Inc			
Address: 761 Weathersby RD			
City: Hattiesburg	State: MS	Zip: 39402	
Contact: Charles W Anderson Jr		Tel: 6012708179	
Certification Number: ABC-00003976	Expiration Date: 11/30/25		
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES In areas that werent previously renovated in years past			
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 12/6/24	
Inspector: Willie Nester	Certification Number: ABI-00002244	Expiration Date: 1/24/25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Sampled Flooring, ceiling tiles, Plaster, Window Putty EMSL Analytical, Inc PLM detection process			
Some areas of this building have had work as its an old building Asbestos is in multiple different area through out building			
VII. QUANTITY OF RACM TO BE REMOVED: APPROX 4000 s/f of floor tile and mastic			
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: 2/12/25		Complete: 5/1/25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/1/25		Complete: 6/1/26	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
<h1>Removal of Asbestos Containing Floor coverings</h1>		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
<h2>Neg Air, Partial Containment, Wet area</h2>		
XIII. WASTE TRANSPORTER #1 Abatement Contractors of MS Inc		
Name: Abatement Contractors of MS Inc		
Address: 761 Weathersby RD		
City: Hattiesburg	State: MS	Zip: 39402
Contact Person: Charles W Anderson Jr	Tel: 6012708179	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Pine Belt Solid Waste		
Address: 5274 MS-29		
City: Overtt	State: MS	Zip: 39464
Contact Person:	Tel: 6015452121	
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 and DEQ		
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.		
Charles W Anderson Jr Type or Print Name	 (Signature of Owner/Operator)	1/27/25 (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Charles W Anderson Jr Type or Print Name	 (Signature of Owner/Operator)	1/27/25 (Date)