MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: XEmail ⊕Mail ⊟Hand Delivery	Postmark (mail or	nly)	Date Rec	eived -19-2024	Al Number
I. Type of Notification (O=Original R=Revised	C=Canceled A= A	nnual): O			
II. TYPE OF OPERATION (D=Demo O= Order	red Demo R=Renov	vation E=Emer. Re	novation):	D	
III. FACILITY DESCRIPTION (Include building	name, number and	floor or room num			
Bidg. Name: Southeast Lauderdale	High School	Canopy			
Address: 2362 long creek rd					
City: Meridian	9	State: MS		Zip: 39301	
Site Location: Canopy roofing from sci	hool office to g	gymnasium		Tel: 601483-5	501
Building Size: N/A		# of Floors: 2		Age in Years: 62	
Present Use: School	F	Prior Use: School	ol		
IV. FACILITY INFORMATION (Identify owner,	asbestos removal d	contractor, and other	er operator)	
OWNER NAME: Lauderdale County					
Address: 301 46th Court					
City: Meridian			pji	z _{ip:} 39305	
Contact: No specific person		Tel: 601.693.1		683	
ASBESTOS REMOVAL CONTRACTOR: FOR	rest Constru	ction LLC			
Address: 591 raymond rd					
City: Jackson		State: MS		Zip: 39204	
Contact: Darius Forrest				Tel: (601) 720-5684	
Certification Number: ABC-00008477			Expiratio	n Date: 7/8/24	
OTHER OPERATOR: TerryMark, Inc.					
Address: 404 Highway 19 N.	r				
_{City:} Meridian		State: MS		Zip: 39305	
Contact: Mark Carter		_{Tel:} 601.482.0058; ext 301		0058; ext 301	
V. WAS SITE INSPECTED TO DETERMINE F	RESENCE OF AS	BESTOS? (Yes/N): Yes		
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: //1 //23			
Willie J. Nester	Certification N	Number: ABI-00	002244	Expiration	Date: Jan 24th, 2025
VI. SUSPECT MATERIALS SAMPLED AND I lab tests,pcm technique, plm te	PROCEDURES US Schnique COV	ered walkwa'	HE PRESI VS roofi	na/deckina m	naterials
lab tests,poin teornique, pini te	J. II II QUO OOV	J. J	,	J : : ::=: J ::	
VII. QUANTITY OF RACM TO BE REMOVED	Covered wa	alkways/ roof	ing/dec	king material	s
Pipes (LN FT):	Surface Area (SC		[2.1	olume of Facility Co	omponents (CU FT):
VIII. QUANTITY OF NONFRIABLE ASBESTO	DS NOT REMOVED				
Category I: X			egory II:	Complete	9/3/24
IX. SCHEDULED DATES ASBESTOS REMO X. SCHEDULED DATES DEMO/RENOVATION	VAL (MM/DD/YY)	9/3/24		Complete	11/3/24
X. SCHEDULED DATES DEMO/RENOVATION	N (MM/DD/YY) Sta	art: O. O. E.		Complete	

XI. DESCRIPTION OF PLANNED DEMOLITION OF Utility knife, razor scraper, spray bo	R RENOVATION WORK, AND ttle, poly sheeting, w	METHOD(S) TO BE USED: aste bags, personal protective, nec	ative air
XII. DESCRIPTION OF WORK PRACTICES AND EIDEMOLITION OR RENOVATION SITE:	NGINEERING CONTROLS TO	BE USED TO PREVENT EMISSIONS OF ASBEST	OS AT THE
Water, build an containment for clea			
XIII. WASTE TRANSPORTER #1			
Name: forrest construction lic			
Address: 591 raymond rd			
City: Jackson	State: Ms	Zip: 39204	
Contact Person: Darius Forrest	State.		
WASTE TRANSPORTER #2		Tel: (601) 720-5684	
Name:			
Address:			
Dity:	0		
Contact Person:	State:	Zip:	
IV. WASTE DISPOSAL SITE		Tel:	
lame: Clearview landfill			
ddress: 2253 mudline road lake			
ity: Lake	State: MS	20000	
ontact Person: None specific	State: IVIS	Zip: 39092	
		Tel: 6015363240	
V. IF DEMOLITION ORDERED BY A GOVERNMENT	AGENCY, PLEASE IDENTIFY	THE AGENCY BELOW:	
uthority:		itte:	
ate of Order (MM/DD/YY):			
I. FOR EMERGENCY RENOVATIONS:	Date Ord	ered to Begin (MM/DD/YY):	
te and Hour of Emergency (MM/DD/YY): scription of the sudden unexpected event:			
all mdeq			
planation of how the event caused unsafe conditions o	Would cause conjument to		
	woold cause equipment dama	ge or an unreasonable financial burden:	
I. DESCRIPTION OF PROCEDURES TO BE FOLLOW NFRIABLE ASTESTOS MATERIAL BECOMES CRU III Mdeq II. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION, IS PERSON WILL BE AVAILABLE OF RENOVATION.	E PROVISIONS OF THIS REC	GULATION (40 CER PART 61 SURPART 10)	
THE DE AVAILABLE FOR INSPECTION	DURING NORMAL BUSINES	REQUIRED TRAINING HAS BEEN ACCOMPLISHED TO HOURS.	ED BY
rius Forrest		6/19/24	
Type or Print Name			
Type or Print Name	(Signature of Owner/Operat	(Date)	_
Type or Print Name I CERTIFY THAT THE ABOVE INFORMATION IS CO		nr)	