


# 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>6/25/2024</b>	AI Number <b>73212</b>
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <del>O</del> <b>R</b> <input type="radio"/> O				
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>Morton HS Auditorium</b>				
Bldg. Name: <b>Morton HS Auditorium</b>				
Address: <b>238 East Fourth Avenue</b>				
City: <b>Mortan</b>		State: <b>MS</b>	Zip: <b>39117</b>	
Site Location: <del>Bldg #225, floor 110 bathrm, pipe in Mech rm and windows windows winwindows</del>			Tel: <b>601 732 6210</b>	
Building Size: <b>3,700</b>		# of Floors: <b>1</b>	Age in Years: <b>&gt; 20</b>	
Present Use: <b>Auditorium</b>		Prior Use: <b>same</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Scott County School District</b>				
Address: <b>110 Commerce Loop</b>				
City: <b>Forrest</b>		State: <b>MS</b>	Zip: <b>39074</b>	
Contact: <b>Allen Lumpkin</b>			Tel: <b>601 481 4874</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Envoironmental Services</b>				
Address: <b>253 Delk Road</b>				
City: <b>Hattiesburg</b>		State: <b>MS</b>	Zip: <b>39401</b>	
Contact: <b>Joe venus</b>			Tel: <b>6014081005</b>	
Certification Number: <b>0001330</b>			Expiration Date: <b>Jan 2 2025</b>	
OTHER OPERATOR: <b>N/A</b>				
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: <b>6/1998/</b>	
Inspector: <b>AHERA Plan Assumed</b>		Certification Number: <del>00000020</del>	Expiration Date: <del>Feb 7, 2025</del>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>3,700 sf</b>				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>7/8/24</b>			Complete: <b>7/10/24</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>N/A (not decided)</b>			Complete:	

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

removal of floor tile and mastic using wet methods

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

Wet material and remove by hand using hand tools

**XIII. WASTE TRANSPORTER #1**

Name: Environmental Services

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: joe

Tel: 6014081005

**WASTE TRANSPORTER #2**

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: ROBO Landfill

Address: 6447 Walalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Mr Roland Edwards

Tel: 601 662 793 4795

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

Name: N/A

Title:

Authority:

Date of Order (MM/DD/YY):

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

**XVI. FOR EMERGENCY RENOVATIONS: N/A**

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

Description of the sudden unexpected event:

Stop work call DEQ

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 call 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.**

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

6/24/24

(Date)

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

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

6/24/24

(Date)