

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 07-09-2024	AI Number
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 of room number):				
Bldg. Name: Harrison Central High School				
Address: 15600 School Road				
City: Gulfport		State: MS	Zip: 39503	
Site Location: VOTEC Building SE Hallway & BLDG 1, RM 106 Closet			Tel: 228-377-0294	
Building Size: >188,000 SF		# of Floors: 1-2	Age in Years: 30+	
Present Use: School		Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Harrison County School District				
Address: 11072 Hwy 49				
City: Gulfport		State: MS	Zip: 39503	
Contact: Eddie Slade			Tel: 228-697-6187	
ASBESTOS REMOVAL CONTRACTOR: Gulf Services Contracting				
Address: 5000 Rangeline Rd				
City: Mobile		State: AL	Zip: 36619	
Contact: Derek Biehl			Tel: 251-443-8161	
Certification Number: ABC-00001674			Expiration Date: 3/1/2025	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 1/25/13	
Inspector: Philip W. Shaw		Certification Number: ABI-00001737	Expiration Date: NA 06/29/2013	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Assumed VCT/Mastic in two locations: approximately 170 SF in Hallway in SE hallway in VOTEC building and approximately 30 SF in a closet in RM 106 of Building 1.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 200 SF		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: NA			Category II: NA	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/22/2024			Complete: 7/24/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of floor covering and mastic. To be replaced by others.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
negative pressure containment, HEPA filtration, wet methods, double bagging waste.		
XIII. WASTE TRANSPORTER #1		
Name: Gulf Services Contracting		
Address: 5000 Rangeline Rd		
City: Mobile	State: AL	Zip: 36619
Contact Person: Derek Biehl	Tel: 251-443-8161	
WASTE TRANSPORTER #2		
Name: The Dumpster Guy		
Address: 10150 Ben Hamilton Rd		
City: Theodore	State: AL	Zip: 36582
Contact Person: Chris Wilkinson	Tel: 251-415-4545	
XIV. WASTE DISPOSAL SITE		
Name: Axis Eco South Landfill		
Address: 12945 US-43		
City: Axis	State: AL	Zip: 36505
Contact Person: Tiffany Broady	Tel: 251-402-1490	
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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
Stop work. Test material. Notify owner and MDEQ of any changes		
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.		
<u>Derek Biehl</u> Type or Print Name	<u>[Signature]</u> (Signature of Owner/Operator)	<u>7/9/24</u> (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<u>Derek Biehl</u> Type or Print Name	<u>[Signature]</u> (Signature of Owner/Operator)	<u>7/9/24</u> (Date)