

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 07-10-2024	AI Number 19643
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):				
Bldg. Name: UNIVERSITY FOR WOMAN MARY WILSON HOME, McDAVITT HALL				
Address: 1100 COLLEGE ST				
City: COLUMBUS		State: MS	Zip: 39701	
Site Location: MARY WILSON HOME and McDAVITT HALL			Tel: 1 877 462 8439	
Building Size: NA		# of Floors: 1	Age in Years: 30+	
Present Use: SCHOOL		Prior Use: SCHOOL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MISSISSIPPI UNIVERSITY FOR WOMAN				
Address: 1100 COLLEGE ST				
City: COLUMBUS		State: MS	Zip: 39701	
Contact:			Tel: 1 877 462 8439	
ASBESTOS REMOVAL CONTRACTOR: 1-SOURCE SERVICES				
Address: 4307 POWELL AVE				
City: MEMPHIS		State: TN	Zip: 38122	
Contact: JAIRO ORTEZ			Tel: 901 626 3301	
Certification Number: ABC-00010450			Expiration Date: March 8th 2025	
OTHER OPERATOR: NA				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 10-19-2022	
Inspector: RON ROBINSON		Certification Number: ABI-0001499	Expiration Date: 2/13/240	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
SITE WAS SURVEYED, BULK SAMPLES TAKEN & TESTED UNDER PLM				
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:				
Category I:			Category II: 2500SQFT OF EXTERIOR WINDOW CAULKING	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-24-2024			Complete: 8-10-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: NA			Complete:	

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

NA

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

CAULKING WILL BE REMOVE USING A DROP CLOTH MINIMUM OF 8ft FROM WALL. INSTALLING BARRICADE TAPE, WATTEING MATERIAL ,WEARING SUITS AND RESPIRATORS USING HAND TOOLS LIKE SCRAPERS HEPA VACUUM, LADDERS/SCAFFOLDING ALSO INTALLING A DROP CLOTH ON THE INTERIOR OF EVERY WINDOW, ONCE CAULKING IS REMOVED IT WILL BE PROPERLY BAGGED AND SEND TAKEN TO LANDFILL FOR DISPOSAL.

XIII. WASTE TRANSPORTER #1

Name: 1 SOURCE SERVICES LLC

Address: 4307 POWELL AVE

City: MEMPHIS

State: TN

Zip: 38122

Contact Person: JAIRO ORTEZ

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: REPUBLIC SERVICES SOUTH SHELBY LANDFILL

Address: 5494 MALONE RD

City: MEMPHIS

State: TN

Zip: 38118

Contact Person: SHANNA FRISTICK

Tel: 901 794 3800

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

Name: NA

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:

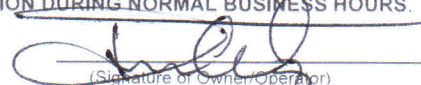
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK , WET AND COVER MATERIAL CONTACT MDEQ

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 AVAIL ABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

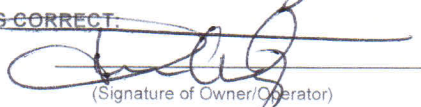
Jairo Ortez
Type or Print Name


(Signature of Owner/Operator)

7/10/24
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Jairo Ortez
Type or Print Name


(Signature of Owner/Operator)

7/10/24
(Date)