MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

IL TYPE OF Notification (O-Original Re-Revised C-Canceled A= Annual): III. TYPE OF OPERATION (O-Demo O= Original Re-Revised C-Canceled A= Annual): III. FACILITY DESCRIPTION (Include building name, number and floor or room number): III. FACILITY DESCRIPTION (Include building name, number and floor or room number): III. FACILITY DESCRIPTION (Include building name, number and floor or room number): III. FACILITY DESCRIPTION (Include building name, number and floor or room number): III. FACILITY INFORMATION (Include building name, number and floor or room number): III. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: OESOTO COUNTY School District Address: IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: OESOTO COUNTY School District Address: IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: OESOTO COUNTY School District Address: IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: OESOTO COUNTY School District Address: IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: OESOTO COUNTY School District View Contact OUNTER OPERATOR: VIEW OF A COUNTY School District Tel: 4052 429 1103 Address: OESOTO COUNTY School District Tel: 4062 429 1103 Address: OESOTO COUNTY School District Tel: 4062 429 1103 Address: OESOTO COUNTY School District Tel: 4062 429 1103 Address: OESOTO COUNTY School District Tel: 4062 429 1103 Address: OESOTO COUNTY School District Tel: 4062 429 1103 Address: OESOTO COUNTY School District Tel: 4062 429 1103 Address: OESOTO COUNTY School District Tel: 4062 429 1103 Address: OESOTO COUNTY School District Tel: 4062 429 1103 Address: OESOTO COUNTY School District Tel: 4062 429 1103 Address: OESOTO COUNTY School District Tel: 4062 429 1103 Address: OESOTO COUNTY School District Tel: 4062 429	MDEQ Use Only: Email □Mail □Hand Delivery	Postmark (mail only)	Date Re	ceived 2/26/2024	Al Number				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): MIS Offices + Hallway Bidg. Name: Oistrict Office MIS Ruilding Address: 5 F. South 5that City. Herooudo State: MS Zip: 38637 Building Size: 5000									
BIDG. Name: District Office MIS Building Address: 5 F. South street City. Hermando State: MS State: MS Zip. 38637 Tel: 667 Years: 60 */~ Present Use: Offices Prior Use: Offices Prior Use: Offices Prior Use: Offices N. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: Desoto County School District Address: 5 E. South Street City. Hermando State: MS Zip. 38637 Tel: 662 429 1103 ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction Address: 450 Old Brandon Rd City. Flowcod State: MS Zip. 39232 Tel: 601-940-5411 Certification Number: ABC-1799 Expiration Date: 344/2023 3/03/2024 OTHER OPERATOR: D/A Address: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS MATERIAL: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS MATERIAL: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS MATERIAL: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS MATERIAL: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS MATERIAL: V. WAS CALLITY OF NONFRIABLE ASBESTOS NOT REMOVED: VII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Stat: V. Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Stat: V. Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Stat: V. Category II:									
BIDG. Name: District Office MIS Building Address: 5 F. South street City. Hermando State: MS State: MS Zip. 38637 Tel: 667 Years: 60 */~ Present Use: Offices Prior Use: Offices Prior Use: Offices Prior Use: Offices N. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: Desoto County School District Address: 5 E. South Street City. Hermando State: MS Zip. 38637 Tel: 662 429 1103 ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction Address: 450 Old Brandon Rd City. Flowcod State: MS Zip. 39232 Tel: 601-940-5411 Certification Number: ABC-1799 Expiration Date: 344/2023 3/03/2024 OTHER OPERATOR: D/A Address: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS MATERIAL: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS MATERIAL: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS MATERIAL: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS MATERIAL: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS MATERIAL: V. WAS CALLITY OF NONFRIABLE ASBESTOS NOT REMOVED: VII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Stat: V. Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Stat: V. Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Stat: V. Category II:									
Address: 5 F. South street City. Hermando Site Location: Building Size: 5,000 / p + - # of Floors: Age in Years: 60 + / - Present Use: 0 ff; ces Prior Use: 0 ff; ces IV. FACILITY INFORMATION (Identify owner, asbesios removal contractor, and other operator) OWNER NAME: Desoto Coust School District Address: 5 F. South Street City: Hermando State: MS Zip: 38 63 2 Contact Sam Hall Tel: 662 429 1103 ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction Address: 450 Old Brandon Rd City: Flowcod State: MS Zip: 39232 Contact Chuck Womack Tel: 601-940-5411 Certification Number: ABC-1799 Expiration Date: 34/2023 3/03/2024 OTHER OPERATOR: D/A Address: City: State: Zip: Contact: Tel:									
State: MS Site Location: State: MS Site Location: State: MS Site Location: Tel: 667 Frosent Use: Office: N. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: Description: OWNER NAME: Descriptio									
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Prise Use: Offices IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: Desoto County School District Address: 5 E. South Street City: Hernando State: MS Zip: 38 632 Contact: Sam Hall Tel: G62 429 1103 ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowcod State: MS Zip: 39232 Contact: Chuck Womack Certification Number: ABC-1799 Expiration Date: 314/2023 3/03/2024 OTHER OPERATOR: N/A Address: City: State: Zip: Contact: Tel: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): Inspection Date: 12 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2				Tel: 662	429 5271				
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Address: 1450 Old Brandon Rd City: Flowood State: MS Zip: 39232 Contact: Chuck Womack Tel: 601-940-54111 Certification Number: ABC-1799 Expiration Date. 3/4/2023 3/03/2024 OTHER OPERATOR: DATE OF ASSESTION MATERIAL: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASSESTOS? (Yes/No): WAS ASSESTION PRESENT? (Yes/No): WAS ASSESTION PRESENT? (Yes/No): VI, SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASSESTION MATERIAL: VII. QUANTITY OF RACM TO BE REMOVED: VII. QUANTITY OF NONFRIABLE ASSESTION NOT REMOVED: Category I: IX. SCHEDULED DATES ASSESTOS REMOVAL (MM/DD/YY) Statt: 3 - 8 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24	Contact: Sam Hall				Tel: 662 429 1103				
City: Flowood Contact: Chuck Womack Certification Number: ABC-1799 Tel: 601-940-5411 Expiration Date: 3/4/2023 3/03/2024 OTHER OPERATOR: DATE: State: Zip: Contact: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): WAS ASBESTOS PRESENT? (Yes/No): WILL: Nester Certification Number: 181 - 209 DExpiration Date: 12-12-4 VI, SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: VIII. QUANTITY OF RACM TO BE REMOVED: Pipes (LN FT): Volume of Facility Components (CU FT): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category I: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3 - 8 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24 Complete: 3 - 15 - 24	ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction								
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Inspector: Willie Nester Certification Number: 131 - 2090 Expiration Date: 12-1 - 24 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor tiles + Mastic 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: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-8-24 Complete: 3-15-24	V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):								
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		2 0	- 2 U	Complete	3-15-24				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:									

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:							
Removal of asbestos containing materials with hand tools							
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:							
Stop work and notify competent person, keep wet, seal all critical barriers & put under negative pressure							
XIII. WASTE TRANSPORTER #1							
Name: ADS, Inc							
Address: P. O. Box 1296			lu h				
_{City:} Clinton	State: MS		Zip: 39060-1296				
Contact Person: Mark Parkman			Tel: 601-925-0507				
WASTE TRANSPORTER #2							
Name: Eagle Construction							
Address: 1450 Old Brandon Rd							
City: Flowood	State: MS		_{Zip:} 39232				
Contact Person: Chuck Womack			Tel: 601-940-5411				
XIV. WASTE DISPOSAL SITE							
Name: Little Dixie Landfill							
Address: 1716 North County Line Rd							
City: Ridgeland	State: MS		_{Zip:} 39157				
Contact Person:			_{Tel:} 601-982-9488				
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
Name:		Title:					
Authority:							
Date of Order (MM/DD/YY):	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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:							
Stop work & notify owner, keep wet and double bag immediately							
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.							
Chuck Womack	Ruch	Sund	d	2-5-24			
Type or Print Name (Signature of Owner/Operator) (Date)							
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Chuck Womack 2 - 5 - 24							
Type or Print Name	(Signature of Owner/Operator)			(Date)			