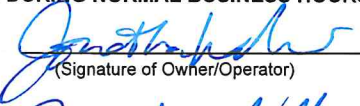



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 4/04/24	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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: OLD WHITFIELD PROJECT OFFICE				
Address: 3763 MS 468				
City: PEARL		State: MS	Zip: 39208	
Site Location: 12X12 FLOOR TILE THROUGH OUT THE BUILDING			Tel: 866-521-6368	
Building Size: 7,000 S.FL +/-		# of Floors: 1	Age in Years: 50 +/-	
Present Use: OFFICE		Prior Use: OFFICE		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MISSISSIPPI DEPT OF TRANSPORTATION-RIGHT OF WAY DIV. 8401				
Address: P O BOX 1850				
City: JACKSON		State: MS	Zip: 39215-1850	
Contact: DALE GREER			Tel: 866-521-6368	
ASBESTOS REMOVAL CONTRACTOR: GULF SERVICES CONTRACTING, INC.				
Address: 5000 RANGELINE ROAD				
City: MOBILE		State: AL	Zip: 36619	
Contact: DAVID SEAN BRANDON			Tel: 251-443-8161	
Certification Number: ABC-00001674			Expiration Date: 3/3/25 3/01/2025	
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: 1/17/23	
Inspector: BRAD MCKNIGHT		Certification Number: ABI-00001685	Expiration Date: 6/7/24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM METHOD, MULTIPLE SAMPLES OF FLOOR TILE, GYPSUM WALLBOARD, BATT INSULATION, 2X4 CEILING TILE TAKEN THOROUGHOUT THE ENTIRE BUILDING.				
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: 2000 S.F.			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/16/24			Complete: 4/19/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
ABATEMENT & RENOVATION		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
NEGATIVE PRESSURE, WET METHODS, FULL CONTAINMENT		
XIII. WASTE TRANSPORTER #1		
Name: GOTTA GO		
Address: P O BOX 267		
City: FLORA	State: MS	Zip: 39701
Contact Person: LAUREN MCGRAW	Tel: 601-879-3969	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: LITTLE DIXIE LANDFILL		
Address: 1716 NORTH COUNTY LINE		
City: RIDGELAND	State: MS	Zip: 39157
Contact Person: MIKE RALEY	Tel: 601-613-8671	
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 ASTESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:		
STOP WORK, NOTIFY OWNERS, & 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 AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.		
JONATHAN VALLE		4-4-24
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
JONATHAN VALLE		4-4-24
Type or Print Name	(Signature of Owner/Operator)	(Date)