MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only:	Postmark (mail only)		Date Received 11/11/2024		Al Number			
Email								
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Out O=Catalogic file a nation								
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Old Cafeteria floor tile								
Bldg. Name: FCAHS Old Cafeteria								
Address: 215 Old Hwy 49 E								
city: Brooklyn		State: MS	-	Zip: 39425				
Site Location: Same				Tel: 601 582	4741			
Building Size: 2500 SF			# of Floors: 1		Age in Years: >30			
Present Use: Un-Occupied		Prior Use: Cafeteria						
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)								
OWNER NAME: Forrest County Ag High School								
Address: 215 Old Hwy 49 E								
_{City:} Brooklyn				Zip: 39425				
Contact: Joe Venus				Tel: 601 408 1005				
ASBESTOS REMOVAL CONTRACTOR: Environmental Serviices								
Address: 253 Delk Road								
_{City:} Hattiesburg	State: MS			_{Zip:} 39401				
Contact: Joe Venus				Tel: 6014081005				
Certification Number: ABC00001330		Expiratio	Expiration Date: Jan 2 2025					
OTHER OPERATOR: N/a								
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: Aug 16, 2024								
Inspector: Marty Cooke Certification Number: ABI00002227 Expiration Date: Jan 18 2025								
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Flooring, walls, and ceilings, w/flimoleum flooring materials, PLM analyas								
. 100.1119, 114.10, 41.14 00.11190, 11.111.101.1119 11.141.111.119, 11.141.1119, 11.141.1119								
VII. QUANTITY OF RACM TO BE REMOVED:								
Pines (I N ET):	Surface Area /	SO FT):	,	Volume of Facility (Components (CU FT):			
Pipes (LN FT): Surface Area (SQ FT): Volume of Facility Components (CU F1): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:								
Category I: 2,120 SF Category II: Category II:								
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/25/24 Complete: 11/26/24								
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete:								
A. SUREDULED DATES DEMORKENOVATION (IMMINDUITT) SIGIL. Complete.								

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of flooring using the wet method in specified rooms							
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:							
Wet materials and remove using hand tools							
XIII. WASTE TRANSPORTER #1							
Name: Environmental services							
Address: 253 Delk road							
City: Hattiesburg	State: MS		Zip: 39401 Tel: 601 408 1005				
Contact Person: Joe Venus							
WASTE TRANSPORTER #2							
Name:							
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: Roland Edwards			Tel: 662 793 4795				
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
ame: N/A 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 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			11/11/24				
Type or Print Name	(Signature of Ow	vner/Operator)	(Date)				
Joe Venus							
Type or Print Name	(Signature of Ov	wner/Operator)	(Date)				