

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 11/21/2024	At Number 55514
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: Quitman Upper Elementary School			
Address: 300 E Franklin St Quitman, MS 39355			
City: Quitman	State: MS	Zip: 39355	
Site Location: Exterior Windows Bldg G		Tel: 601-776-1043	
Building Size: Approx. 10,000sf	# of Floors: 1	Age in Years: 40+	
Present Use: School	Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Quitman MS School District			
Address: 104 E Franklin St, Quitman, MS			
City: Quitman	State: MS	Zip: 39355	
Contact: Joseph Holloman		Tel: (601) 776-2186	
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL			
Address: 783 HARRIS STREET			
City: JACKSON	State: MS	Zip: 39202	
Contact: DARYL ANDERSON		Tel: 601-354-4400	
Certification Number: ABC-00002173	Expiration Date: 11-12-25 11/8/25		
OTHER OPERATOR: M&P Construction Inc 130 Walker Cr Richland MS 39218			
Address: 130 Walker Cr I			
City: Richland	State: MS	Zip: 39218	
Contact: Mariela Cancio		Tel: 769-243-6776	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 9-22-2024	
Inspector: Willie Nester	Certification Number: ABI-00002244	Expiration Date: 01/24/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Inspection of windows.			
Procedure PLM-Polarized Light Microscopy			
VII. QUANTITY OF RACM TO BE REMOVED:			
500sf of transite panels, 600 lf window caulking			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-05-24		Complete: 12-15-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12-16-24		Complete: 12-30-24	

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

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Area barricaded off with asbestos danger tape, material kept wet and placed in acm bags for disposal

XIII. WASTE TRANSPORTER #1

Name: Anderson Environmental

Address: 783 Harris Street

City: Jackson

State: MS

Zip: 39202

Contact Person: Daryl Anderson

Tel: (601) 354-4400

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE Waste Management

Name: WM Pine Ridge Landfill

Address: 520 Murphy road

City: Meridian

State: MS

Zip: 39301

Contact Person: Landfill Manager

Tel: 601-483-0715

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Halt all work and notify the proper authority

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.

DARYL ANDERSON

Type or Print Name

(Signature of Owner/Operator)

11-21-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DARYL ANDERSON

Type or Print Name

(Signature of Owner/Operator)

11-21-24

(Date)