MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: Email □Mail □Hand Delivery	Postmark (ma	il only)	Date Receive 5/2			Al Number			
I. Type of Notification (O=Original R=Revised									
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): Original Main Bldg									
Bldg. Name: Rawls Springs Attendance Center									
Address: 10 Archie Smith Rd									
_{City:} Hattiesburg	Hattiesburg		State: MS		z _{ip:} 39401				
Site Location: Main Campus				Tel: 601-545-6055					
Building Size: 5000 s/f		# of Floors:		Age in Years: 75 +/-					
Present Use: Classroom/Offices		Prior Use: Classr	ditorium						
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)									
OWNER NAME: Forrest County School District									
Address: 400 Forrest Street									
_{City:} Hattiesburg		State: MS		z _{ip:} 39401					
Contact: Mike Paes				_{Tel:} 601-545-6055					
ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction									
Address: 1450 Old Brandon Rd									
_{City:} Flowood	State: MS	State: MS		Zip: 39232					
Contact: Chuck Womack				_{Tel:} 601-940-5411					
Certification Number: ABC-1799			Expiration Date: 3-7-26						
OTHER OPERATOR:									
Address:									
City:	City: State: MS			Zip:					
Contact:				Tel:					
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Y									
				on Date: 3-11-25					
Inspector: Willie Nester	Certification	Certification Number: ABI-2244			piration D	Date: 1-9-26			
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:									
flooring, ceiling, walls & roofing - PLM									
VII. QUANTITY OF RACM TO BE REMOVED:									
2,000 s/f floor tile & mastic									
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: 6-9-25 Complete: 6-15-25									
x. scheduled dates demo/renovation (MM/DD/YY) Start: 5-27-25									

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	ATION WORK	AND METHOD	S) TO BE HISED.					
Removal of asbestos containing materials			0, 10 BE 00ED.					
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEER DEMOLITION OR RENOVATION SITE:	ING CONTROLS	S TO BE USED	TO PREVENT EMISSI	ONS OF ASBESTOS AT THE				
Stop work and notify competent person, keep wet, seal all	critical barriers	s & put under r	negative pressure					
XIII. WASTE TRANSPORTER #1								
Name: ADS, Inc								
Address: P. O. Box 1296								
_{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:	Person: Tel: 601-982-9488							
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	CY, PLEASE ID	ENTIFY THE A	GENCY BELOW:					
Name:	Title:							
Authority:								
Date of Order (MM/DD/YY):	rder (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 woul	d cause equipme	ent damage or a	an unreasonable financ	ial burden:				
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE	IN THE EVENT ED, PULVERIZE	THAT UNEXPE D, OR REDUC	ECTED ASBESTOS IS ED TO POWDER:	FOUND OR PREVIOUSLY				
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	Chuci	k Woma	ick	5-27-25				
Type or Print Name	(Signature of Owner/Operator) (Date)							
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORR Chuck Womack		k Wome	106	E 27 25				
Type or Print Name	(Signature of Owner/Operator)		we	5-27-25 (Date)				