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 (mail	pail only) Date R		-21-23	Al Number		
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): R							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):							
Bldg. Name: Noxubee County Courthouse							
Address: 505 Jefferson Street							
City: Macon		State: MS		Zip: 39341			
Site Location: 1st Floor Board Room/ 2nd Floor Court Room				_{Tel:} 662-726-5181			
Building Size: Unknown		# of Floors: 2		Age in Years: Unknown			
Prior Use: Courthouse Prior Use: Unknown		wn	AUA				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Noxubee County Courthouse							
Address: 505 Jefferson Street							
_{City:} Macon		State: MS		zip: 39341			
Contact: Jeordie Mason				Tel: 662-386-4373			
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC							
Address: 7705 Northshore Place							
City: North Little Rock State: AR		State: AR	Zip: 72		18		
Contact: Andrew Ables				Tel: 601-559-2185			
Certification Number: ABC00009502			Expiration Date: 9/30/2023				
OTHER OPERATOR: N/A							
Address: N/A							
City: N/A	State: N/A			Zip: N/A			
Contact: N/A				Tel: N/A			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes							
			Inspecti	tion Date: 3/2/2023			
Inspector: Andrew Ables Certification Number: ABI-00010682 Expiration Date: 10					Date: 10/25/2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assumed Inspection by Andrew Ables (12x12 ceiling tile & 9x9 floor tile/mastic 1st & 2nd Floor)							
VII. QUANTITY OF RACM TO BE REMOVED: 390 SF ceiling mastic pucks							
			Volume of Facility Components (CU FT):				
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 775 SF							
Category I:			Category II: Floor Tile/Mastic				
IX. SCHEDULED DATES ASBESTOS REMOV		023 Complete: 4/5/2023					
X. SCHEDULED DATES DEMO/RENOVATION	tart: N/A	Complete: N/A					

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA Materials listed to be removed by hand so facility can be renov (12x12 ceiling tile & 9x9 floor tile/mastic 1st & 2nd Floor)		D(S) TO BE USED:				
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING	NG CONTROLS TO BE USE	ED TO PREVENT EMISS	IONS OF ASBESTOS AT THE			
Materials will be wetted, during and after abatement, pro-	operly packaged, labeled	d and transported to a	class 1 landfill for disposal.			
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XIII. WASTE TRANSPORTER #1						
Name: Snyder Environmental & Construction, LLC						
Address: 7705 Northshore Place		T				
City: North Little Rock	State: AR	Zip: 72118				
Contact Person: Andrew Ables		Tel: 601-559-2185				
WASTE TRANSPORTER #2						
Name: N/A						
Address: N/A						
City: N/A	State: N/A	_{Zip:} N/A				
Contact Person: N/A		Tel: N/A	Tel: N/A			
XIV. WASTE DISPOSAL SITE						
Name: Alternative Waste Management Landfill						
Address: 43 White City Road						
City: Mayflower	State: AR	_{Zip:} 72106				
Contact Person: N/A		Tel: 501-851-117	1			
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENC	CY, PLEASE IDENTIFY THE	E AGENCY BELOW:				
Name: N/A Title: N/A						
Authority: N/A						
ate of Order (MM/DD/YY): N/A Date Ordered to Begin (MM/DD/YY): N/A						
XVI. FOR EMERGENCY RENOVATIONS: N/A						
Date and Hour of Emergency (MM/DD/YY): N/A						
Description of the sudden unexpected event:						
N/A						
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:						
N/A						
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED	IN THE EVENT THAT UNE	(PECTED ASBESTOS IS	FOUND OR PREVIOUSLY			
NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Wet the unexpected, make area safe and notify DEQ						
TYPOT the disexposion, make area care and .	ioniy DEG.					
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PR ONSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DUR) EVIDENCE THAT THE RE	QUIRED TRAINING HAS	61, SUBPART M) WILL BE 6 BEEN ACCOMPLISHED BY			
Barbara McElroy	Barbara Mi	Ctroy_	3/21/2023			
Type or Print Name	(Signature of Owner/Operator)	-	(Date)			
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORR	ECT:	o Ella acc	2/04/0002			
Barbara McElroy	Barbara M		3/21/2023			
Type or Print Name	(Signature of Owner/Operator)		(Date)			