

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 Date Received 3-17-23 Postmark (mail only) MHand Delivery 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): Cleveland Middle School Roof Bldg. Name: Cleveland Middle School Address: 601 Lucy Seaberry Blvd City: Cleveland State: MS Zip: 38732 Site Location: 601 Lucy Seaberry Blvd, Cleveland, MS 38732 Tel: 662-843-2338 Building Size: 75,000 sf Age in Years: 70 +/-# of Floors: 1 Present Use: School Prior Use: School IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: Cleveland School District Address: 305 Merritt Drive City: Cleveland State: MS Zip: 39060 Contact: Dr Lisa Bramuchi Tel: 662-843-3529 ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction Address: 1450 Old Brandon Rd City: Flowood Zip: 39232 State: MS Contact: Chuck Womack Tel: 601-940-5411 3 3 2024 Certification Number: ABC-1799 Expiration Date: 3/4/2023 OTHER OPERATOR: Independent Roofing Systems, Inc Address: 5090 McRaven Rd Zip: 39204 City: Jackson State: MS Contact: Larry Montpelier Tel: 601-922-4301 V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes WAS ASBESTOS PRESENT? (Yes/No): Yes Inspection Date: 8/26/2022 Inspector: Willie J Nester Certification Number: ABI-2244 Expiration Date: 1/19/2023 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Roofing, caulk, spray on PLM VII. QUANTITY OF RACM TO BE REMOVED: 75,000 sf roofing Surface Area (SQ FT): 75,000 Pipes (LN FT): Volume of Facility Components (CU FT): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A

Category II:

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Complete: 9/30/2023

Complete: 12/31/2023

IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/30/2023

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/30/2023

Category I:

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of asbestos containing materials with hand tools				
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:				
Stop work and notify competent person, keep wet, seal all critical barriers & put under negative pressure				
XIII. WASTE TRANSPORTER #1				
Name: Waste Hauling & Disposal				
Address: P. O. Box 870			-	
City: Leland	State: MS		_{Zip:} 38756	
Contact Person: Tommy Hendrix			Tel: 662-347-0052	
WASTE TRANSPORTER #2				
Name: Eagle Construction				
Address: 1450 Old Brandon Rd				
City: Flowood	State: MS		z _{ip:} 39232	
Contact Person: Chuck Womack			Tel: 601-940-5411	
XIV. WASTE DISPOSAL SITE				
Name: Big River Landfill		_		
Address: 48 Landfill Rd				
City: Leland	State: MS		z _{ip:} 38756	
Contact Person:			Tel: 662-332-7927	
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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:				
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 RORMAL BUSINESS HOURS.				
Chuck Womack	\\\.	<u>~\~</u>	Somo	3/17/2023
Type or Print Name	(Signature of Owr	ner/Operator)		(Date)
Chuck Womack 3/17/2023				
Type or Print Name	(Signature of Own	ner/Operator)		(Date)