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 XHand Delivery	Postmark (mai	I only)	Date Re	eceived 3-17-23	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): Cleveland High School Roof							
Bldg. Name: Cleveland High School							
Address: 300 West Sunflower Rd							
_{City:} Cleveland		State: MS		_{Zip:} 38732			
Site Location:				_{Tel:} 662-843-2460			
Building Size: 155,000 sf		# of Floors: 1		Age in Years: 70+/-			
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		State: MS		_{Zip:} 39232			
Contact: Chuck Womack				_{Tel:} 601-940-5411			
Certification Number: ABC-1799			Expiration	on Date: 3/4/202	23 3 3 2024		
OTHER OPERATOR: Independent Roofing Systems, Inc							
Address: 5090 McRaven Rd							
_{City:} Jackson		State: MS		_{Zip:} 39204			
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 1/18/2024							
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:							
VII. QUANTITY OF RACM TO BE REMOVED: 155,000 sf roofing							
Pipes (LN FT): Surface Area (SQ FT): 155,				Volume of Facility	Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A							
The state of the s				egory II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/30/2023 Complete: 9/30/2023							
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/30/2023 Complete 12/31/2023 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							

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 und	er 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	Zip: 39232	Zip: 39232				
Contact Person: Chuck Womack		Tel: 601-940-5411	Tel: 601-940-5411				
XIV. WASTE DISPOSAL SITE							
Name: Big River Landfill							
Address: 48 Landfill Rd							
City: Leland	State: MS	Zip: 38756					
Contact Person:		Tel: 662-332-7927					
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	CY, PLEASE IDENTIFY TH	E 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 NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE	IN THE EVENT THAT UNEX ED, PULVERIZED, OR RED	(PECTED ASBESTOS IS I UCED TO POWDER:	FOUND OR PREVIOUSLY				
Stop work & notify owner, keep wet and do	ouble bag immediat	ely					
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 WORMAL BUSINESS HOURS.							
Chuck Womack	- Lland	Sand	3/17/2023				
Type or Print Name	(Signature of Owner/Operator)		(Date)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORR Chuck Womack	ECT:	Sand	3/17/2023				
Type or Print Name	(Signature of Owner/Operator)		(Date)				