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 (mail only)		Date Received 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): Cypress Park Elementary School Roof								
Bldg. Name: Cypress Park Elementary School								
Address: 725 South Dr MLK Drive								
City: Cleveland		State: MS		_{Zip:} 38732				
Site Location: 725 South Dr MLK Drive,	/IS 39732		_{Tel:} 662-846-6152					
Building Size: 35,000 sf		# of Floors: 1		Age in Years: 70 +/-				
Present Use: Vacant		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	s	State: MS		Zip: 39232				
Contact: Chuck Womack				Tel: 601-940-5411				
Certification Number: ABC-1799			Expiratio	Expiration Date: 3/4/2023 3 3 2024				
OTHER OPERATOR: Independent Roofing Systems, Inc								
Address: 5090 McRaven Rd								
_{City:} Jackson	ity: 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	on 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: 35,000 sf roofing								
Pipes (LN FT): Surface Area (SQ FT): 35,000 Volume of Facility Components (CU FT):								
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A								
Category I: Category 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 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		_{Zip:} 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		Zip: 38756					
Contact Person:			Tel: 662-332-7927					
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:								
ame: Title:								
Authority:								
ate 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 EVAPENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.								
Chuck Womack			or or	3/17/2023				
Type or Print Name	(Signature of O	wner/Operator)		(Date)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECTED CHUCK Womack	ECT:		Somo	3/17/2023				
Type or Print Name	(Signature of C	wner/Operator)		(Date)				