MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM Rev

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

II. TYPE OF Notification (O=Original Re-Revised C=Canceled A= Annual); ♣ R III. TYPE OF OPERATION (0=Demo 0= Ordered Demo R=Renovation); ♠ R III. EAGLITY DESCRIPTION (Include building name, number and floor or room number); Mississispipi State Penitentiary Bidg, Name; Guard Towers Address: 590 Parchman Road 12 City; Parchman State; MS Zip; 38738 Site Location; Prison Tese (662-745-6611) Building Size: 225sq/ft # of Floors; Unk Age in Years; Unk Persent Use; Tower Prior Use; Unk IN. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) CWINER NAME: Mississippi State Penitentiary Address: 590 Parchman Road 12 City; Parchman State; MS Zip; 38738 Contact Jason Cochran State; MS Zip; 38738 Contact Jason Cochran State; MS Zip; 38118 Contact Jason Cochran Tese (Contractor) Address: 4180 BF Goodrich Blvd City; Memphis State; TN Zip; 38118 Contact Jason Cochran Tese (Northinest Contractor) Contact Jason Cochran Tese (Northinest Contractor) Address: 4380 Winchester Road City; Memphis State; TN Zip; 38118 Contact Josh Boaz V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No); № Yes Inspection Date: 4-14-2023 Inspection Date: 4-14-2023 Inspection Date: 301-41-29291 V. WAS ASBESTOS PRESENT? (Yes/No); Yes Inspection Date: 4-14-2023 Inspection Date: 4-14-2023 Inspection Date: 301-41-29291 V. WAS SARSESTOR PRESENT? (Yes/No); Yes Inspection Date: 4-14-2023 Inspection Date: 4-14-2023 Inspection Date: 301-41-301-301-301-301-301-301-301-301-301-30	MDEQ Use Only: XEmail □Mail □Hand Delivery	Postmark (mai	il only)	Date Re	eceived -21-23	Al Number			
II. TYPE OF OPERATION (0-Demo 0= Ordered Demo Re-Renovation E-Emar. Renovation): R III. FAGILITY DESCRIPTION (Include building name, number and floor or room number): Mississispip State Penitentiary Bidg, Name: Guard Towers Address: 590 Parchman Road 12 City, Parchman State: MS Zip: 38738 Ste Location: Prison Tet 662-745-6611 Building Size: 225sq/ft # of Floors: Unik Age in Years: Unik Present Use: Tower Prior Use: Unik IV. FAGILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: Mississippi State Penitentiary Address: 590 Parchman Road 12 City: Parchman State: MS Zip: 38738 Contact: Jason Cochran Tat: 901-365-6252 ASSESTOS REMOVAL CONTRACTOR: Northwest Contracting Services Address: 4180 BF Goodrich Blvd City: Memphis State: TN Zip: 38118 Contact: Jason Cochran Tat: 901-365-6252 Certification Number: ABC-00010635 Certification Number: ABC-00006892 Expiration Date: 4-14-2023 Inspection: Date: 4-14-2023 Inspection: Date: 02-15-2024 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO BETECT THE PRESENCE OF ASBESTOS MATERIAL: Felt roofing membrane, sample collected by roofing contractor and sent to lab to determine if asbestos was present PLM VII. QUANTITY OF NonFriABLE ASBESTOS NOT REMOVED: Catagony I: NonFriABLE ASBESTOS NERMOVAL (MMMDD/YY) Start: 05/08/23 Complete: 05/12/23		i C=Canceled A=							
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Bdg. Name: Guard Towers									
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Category I: 900sq/ft Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/08/23 Complete: 05/12/23					Volume of Facility (Components (CU FT):			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/08/23 Complete: 05/12/23									
x. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/12/23 Complete: unk									

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:								
remove roofing membrane using hand tools and wet methods								
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:								
regulate the work area with barrier tape, work conducted with suits and respirators and OSHA air monitoring								
XIII. WASTE TRANSPORTER #1								
Name: Northwest Contracting Services Inc								
Address: 4180 BF Goodrich Blvd								
City: Memphis	State: TN		_{Zip:} 38118					
Contact Person: Jason Cochran			Tel: 901-365-6252	2				
WASTE TRANSPORTER #2								
Name:								
Address:								
City:	State:		Zip:					
Contact Person:			Tel:					
XIV. WASTE DISPOSAL SITE								
Name: South Shelby Landfill								
Address: 5494 Malone Rd								
City: Memphis	State: TN		_{Zip:} 38118					
Contact Person: Shana Fristik			Tel: 901-794-8071					
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:								
cease work, clean utilizing wet methods and HEPA vacs, notify MDEQ for further action								
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.								
Jason Cochran Ja	ason Cochran	Date: 2023.04	ed by Jason Cochren 4.21 07:53:01 -05'00'	4/21/2023				
Type or Print Name	(Signature of Owner/	Operator)		(Date)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Jason Cochran Jason Cochran Digitally signed by Jason Cochran Date: 2023.04.21 07:53:17 -0500 4/21/2023								
Type or Print Name	(Signature of Owner/Operator)			(Date)				