

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MAP

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

MDEQ Use Only:	Postmark (mail only)		Date Received 09-11-2023		Al Number 84915			
I. Type of Notification (O=Original R=Revised			-11-2023	04010				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):								
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):								
Bldg. Name: Frank Cochran Center								
Address: 1725 Carousel Drive								
_{City:} Meridian		State: MS		Zip:39307				
Site Location: 1725 Carousel Drive				Tel:				
Building Size: approx 16,000 sq ft		# of Floors: 1		Age in Years:				
Present Use: rentals and special eve	ents _F	Prior Use: same						
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)								
OWNER NAME: City of Meridian								
Address: 610 23rd Ave.								
City: Meridian State: MS		State: MS		_{Zip:} 39301				
Contact: Mark Davis				_{Tel:} 601-483-0601				
ASBESTOS REMOVAL CONTRACTOR: Southeast Environmental Group, Inc.								
Address: P.O. Box 433/ 296B 2nd Ave.								
_{City:} York	5	State:AL		Zip: 36925				
Contact: Bertha Rodgers				Tel: 205-392-9308				
Certification Number: ABC00001906			Expiratio	iration Date: 06/02/2024				
OTHER OPERATOR:								
Address:								
City:		State:		Zip:				
Contact:				Tel:				
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):								
WAS ASBESTOS PRESENT? (Yes/No): Yes Inspection				on Date: February 22, 2021				
Inspector: Joshua L. Lansing Sansing Certification Number: ABI-00009073 Expiration Date: 12/16/2021								
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Non-friable drywall mud in the lobby and approx. 1500 sq ft of 12x12 floor tile and mastic. Polarized								
Light Microscopy (PLM). Eurofins Lab.								
VII. QUANTITY OF RACM TO BE REMOVED: approx 400 sq ft of drywall mud and approx 1500 sq ft of 12x12 floor tile and mastic.								
Pipes (LN FT):	Surface Area (SQ		\	olume of Facility Co	omponents (CU FT):			
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:								
Category I: Category II: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09/13/2023 Complete: 10/13/2023								
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: n/a Complete:								

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of sheetrock, floortile and mastic containing ACM will be performed by trained and certified personnel. The ACM will be kept wet throughout the process. The work area will be protected and sealed by using the capsule concept to assure the least to no particles escape.							
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:							
The non-friable ACM will be removed by competent personnel that is trained and knowledgeable in the removal, handling, and disposal of ACM. All work will be done to comply with Federal, State, and Local regulations. The work will be protected and sealed by using the capsule concept to assure the least to no particle escape. The concept of "keep it wet" will be used throughout the asbestos removal process.							
XIII. WASTE TRANSPORTER #1		***************************************					
Name: Johnny Rodgers							
Address: 296B 2nd Ave.							
_{City:} York	State:AI	_{Zip:} 36925					
Contact Person: Bertha Rodgers		Tel: 205-392-9	Tel:205-392-9308				
WASTE TRANSPORTER #2							
Name:							
Address:							
City:	State:	Zip:	Zip:				
Contact Person:		Tel:	Tel:				
XIV. WASTE DISPOSAL SITE							
Name: Kemper County Landfill							
Address: 21211 Hwy 16 East							
_{City:} Dekalb	State: MS	Zip:39328	zip: 39328				
Contact Person: Jimmy Thomas		Tel: 601-743-4	310				
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:							
lame: 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:							
See original form							
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.							
Bertha Rodgers	ienthilles	ho	09/11/2023				
Type or Print Name	(Signature of Owner)	Operator)	(Date)				
Six. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Buttle Tolyen 09/11/2023							
Type or Print Name	(Signature of Owner/Operatory (Date)						