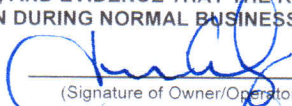
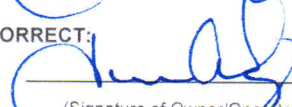


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 09-22-2023	AI Number
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):				
Bldg. Name: GORDON HALL				
Address: 101 CUNNINGHAM BLVD				
City: BOONEVILLE		State: MS	Zip: 38829	
Site Location: GORDON HALL		Tel: 662 651 4276		
Building Size: NA		# of Floors: 2	Age in Years: 30+	
Present Use: SCHOOL		Prior Use: SCHOOL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: NORTH EAST MISSISSIPPI COMMUNITY COLLEGE				
Address: 101 CUNNINGHAM				
City: BOONEVILLE		State: MS	Zip: 38829	
Contact:		Tel: 662 728 7751		
ASBESTOS REMOVAL CONTRACTOR: 1-SOURCE SERVICES				
Address: 1807 BARTLETT RD #A				
City: MEMPHIS		State: TN	Zip: 38134	
Contact: JAIRO ORTEZ		Tel: 901 626 3301		
Certification Number: ABC-00010450			Expiration Date: JUN 3rd 2023 05-31-2024	
OTHER OPERATOR: NA				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: JUNE 21 2023	
Inspector: MARTIN A COOKE		Certification Number: ABI-0002227	Expiration Date: JAN. 18 2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: SITE WAS SURVEYED, BULK SAMPLES TAKEN & TESTED UNDER PLM				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 40SQFT		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II: 40 SQFT OF ROOFING MATERIAL		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/26/23 Complete: 9/26/23				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: NA Complete:				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
NA		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
ROOF WILL BE REMOVED INTACT AS POSSIBLE USING HAND TOOLS, WETTED WITH PUMP SPRAYER BARRICADE TAPE, WARNING SIGNS, WEARING SUITS AND RESPIRATORS, AFTER ROOFING MATERIAL IS REMOVED IT WILL BE WRAPPED / BAGGED USING 6MIL POLY/BAGS THEN BROUGHT TO CONTAINER LOCATED AT 1SS LAYDOWN YARD FOR PROPER DISPOSAL		
XIII. WASTE TRANSPORTER #1		
Name: 1 SOURCE SERVICES LLC		
Address: 1807 BARTLETT RD		
City: MEMPHIS	State: TN	Zip: 38134
Contact Person: JAIRO J ORTEZ	Tel:	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE SOUTH SHELBY LANDFILL		
Name: REPUBLIC SERVICES / SOUTH SHELBY LANDFILL		
Address: 5494 MALONE RD		
City: MEMPHIS	State: TN	Zip: 38118
Contact Person: SHANNA FRISTICK	Tel: 901 794 3800	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: NA	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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
STOP WORK, WET AND COVER ACM CONTACT MDEQ		
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.		
Jairo Ortez		9-22-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Jairo Ortez		9-22-23
Type or Print Name	(Signature of Owner/Operator)	(Date)