## 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 Al Number 6		
I. Type of Notification (O=Original R=Revised	Type of Notification (O=Original R=Revised C=Canceled A= Annual):				
II. TYPE OF OPERATION (D=Demo O= Order		er. Renovation)	.R		
III. FACILITY DESCRIPTION (Include building					
Bldg. Name: Shannon Middle School	ol				
Address: 232 Cherry Street					
<sub>City:</sub> Shannon	State: MS	State: MS		Zip: 38868	
Site Location: Classroom		T		Tel: 662-767-3986	
Building Size:	# of Floors: 1			Age in Years:	
Present Use: Middle School	Prior Use: S	Prior Use: School			
IV. FACILITY INFORMATION (Identify owner,	asbestos removal contractor, ar	nd other operato	or)		
OWNER NAME: Lee County Scho	ol District			A	
Address: 1280 College View Drive					
<sub>City:</sub> Tupelo	State: MS		zip:38802		
Contact: Coke Magee				<sub>Tel:</sub> 662-841-9144	
ASBESTOS REMOVAL CONTRACTOR: SOL	itheast Environmenta	l Group, Ir	ic.		
Address: P.O. Box 433/ 296B 2nd			T		
<sub>City:</sub> York	State: AL		z <sub>ip:</sub> 36925		
Contact: Bertha Rodgers				Tel: 205-392-9308	
Certification Number: ABC00001906		Expiration Date: 06/02/2024		024	
OTHER OPERATOR:					
Address:			T		
City: State:		Zip:			
Contact: Tel:					
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes					
			on Date: May 16, 2023		
Inspector: Brady L Smith Certification Number: ABI-00011069 Expiration Date: August 24, 2023  VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
The 9 " floor tile adhesive contained approx 2% chrysotile. Analysis by Polarized Light Microscopy					
(PLM). This material is classified as Category II, non-friable.					
VII. QUANTITY OF RACM TO BE REMOVED	:				
Pipes (LN FT):	Surface Area (SQ FT): 560 s	sq ft	Volume of Facility C	Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTO					
Category I: Category II:					
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/11/23  Complete: 10/20/23					
IX. SCHEDULED DATES ASBESTOS REMO	VAL (MM/DD/YY) Start: 10/1	1/23	Complete	10/20/23	

## XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Removal of ACM containing mastic 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 particles escape. The concept of "keep it wet" will be used throughout the asbestos remaval process. XIII. WASTE TRANSPORTER #1 Name: Johnny Rodgers Address: 296B 2nd Ave. State: AL Zip: 36925 City: York Contact Person: Bertha Rodgers Tel: 205-392-9308 WASTE TRANSPORTER #2 Name: Address: State: Zip: City: Contact Person: Tel: XIV. WASTE DISPOSAL SITE Name: Kemper County Landfill Address: 21211 Hwy 16 East Zip: 39328 City: Dekalb State: MS Contact Person: Jimmy Thomas Tel: 601-743-4310 XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: Name: Authority: Date Ordered to Begin (MM/DD/YY): Date of Order (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: In this event, MDEQ will be notarized immediately. The ACM will be treated the same as the original. 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. 9/28/2023 Bertha Rodgers

Type or Print Name (Signature of Owner/Operator) (Date)

(Date)

9/28/2023

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT?

Type or Print Name

Bertha Rodgers