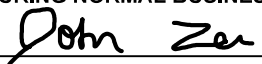



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 10-02-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Old home economics house of laurel magnet				
Bldg. Name: Home economics house				
Address: 1100 N. 4th ave.				
City: Laurel	State: MS	Zip: 39440		
Site Location: Adjacent to Laurel Magnet School 1125 N. 5th St.		Tel: 601.649.6392		
Building Size: 2,500 sq ft	# of Floors: 1	Age in Years: 68		
Present Use: condemned and delapidated		Prior Use: home economics corses		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Laurel School District				
Address: 308 W. 8th St.				
City: Laurel	State: MS	Zip: 39441		
Contact: Dr. Eubanks		Tel: 601-818-1897		
ASBESTOS REMOVAL CONTRACTOR: John Lee				
Address: 1728 Mount Zion Rd.				
City: Magee	State: MS	Zip: 39111		
Contact: John Lee		Tel: 601.519.8281		
Certification Number: ABC-00003364		Expiration Date: April 18, 2024		
OTHER OPERATOR: John Lee				
Address: 30 Timber Ridge Dr.				
City: Jackson	State: MS	Zip: 39212		
Contact: John Lee		Tel: 601.808.9266		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 09/27/22		
Inspector: Pickering Firm Willie J .Nester	Certification Number: ABI-00002244	Expiration Date: 01/18/2024		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: This Asbestos-Containing Materials (ACMs) survey assessment was performed to identify and assess the condition of suspect building materials and paints to provide recommended response actions based on the conditions of these materials. This report describes the survey tasks performed and presents our findings and recommendations. The inspection was limited to the old Home Economics Building at the Laurel Magnet School. This building has been damaged by a fire. Prior to the initial inspection of the facility, special precautions and security/access requirements were coordinated with Danny Donald, Head of Maintenance. At the time of the inspection, all areas of the facility were accessible. During our inspection, all areas of the building related to the project were visually inspected and the locations of suspected ACMs were noted. After suspect ACMs were identified, a minimum of two (2) asbestos samples of each homogeneous material were collected. These suspect samples were subsequently labeled, then submitted to an accredited laboratory for asbestos analysis by Polarized Light Microscopy (PLM). Laboratory analysis revealed four ACMS. Sheetrock joint compound, chalkboard mastic, the 2nd layer of floortile in north room, and exterior window caulking.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 3,770 sq ft				
Category I: 810 sq ft	Category II: 2,960 sq ft			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/12/23		Complete: 10/12/23		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/19/23		Complete: 11/1/23		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: The building is to be completely demolished using a track hoe and concrete slab is to be broken up with the same machine. all debris will be picked up and disposed of.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Wet removal is to be used during removing of all ACM. Push bars will be used to remove floor tile. chalk board mastic will be wet scrapped and removed with mastic removal chemical. one critical will be created at main entrance. All windows will be tapped and polyed prior to any removal. Upon completion all ACM will be bagged and properly tapped off.		
XIII. WASTE TRANSPORTER #1		
Name: Edison Lee		
Address: 1729 Mount Zion Rd.		
City: Magee	State: MS	Zip: 39111
Contact Person: John Lee	Tel: 601.519.8281	
WASTE TRANSPORTER #2		
Name: John Lee		
Address: 30 Timber Ridge Dr.		
City: Jackson	State: MS	Zip: 39212
Contact Person: John Lee	Tel: 601.808.9266	
XIV. WASTE DISPOSAL SITE Lauderdale County		
Name: Pine Ridge Landfill		
Address: 520 Murphy Rd.		
City: Meridian	State: MS	Zip: 39301
Contact Person: Bill Moffett, L'fill Mgr	Tel: 601-483-0715	
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 ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: First we will lock down fibers with water/surfactant mix. We will then use stop work authority and re-evaluate our removal methods. Next we will consult with DEQ and chose the best method before moving forward.		
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.		
John Lee		9/28/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
John Lee		9/28/23
Type or Print Name	(Signature of Owner/Operator)	(Date)