

# 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 <b>10-04-2023</b>	AI Number <b>56175</b>
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>R</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>SMITHVILLE HIGH SCHOOL ATTENDANCE CENTER</b>				
Address: <b>60017 HIGHWAY-23</b>				
City: <b>SMITHVILLE</b>		State: <b>MS</b>	Zip: <b>38870</b>	
Site Location: <b>SMITHVILLE ATT. CENTER BUILDING #1</b>		Tel: <b>662 651 4276</b>		
Building Size: <b>NA</b>		# of Floors: <b>1</b>	Age in Years: <b>30+</b>	
Present Use: <b>SCHOOL</b>		Prior Use: <b>SCHOOL</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>MONROE COUNTY SCHOOL DISTRICT</b>				
Address: <b>P.O BOX 209</b>				
City: <b>AMORY</b>		State: <b>MS</b>	Zip: <b>38800</b>	
Contact:		Tel: <b>662 234 3271</b>		
ASBESTOS REMOVAL CONTRACTOR: <b>1-SOURCE SERVICES</b>				
Address: <b>1807 BARTLETT RD #A</b>				
City: <b>MEMPHIS</b>		State: <b>TN</b>	Zip: <b>38134</b>	
Contact: <b>JAIRO ORTEZ</b>		Tel: <b>901 626 3301</b>		
Certification Number: <b>ABC-00010450</b>		Expiration Date: <b>MAY 31-2024</b>		
OTHER OPERATOR: <b>NA</b>				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>YES</b>		Inspection Date: <b>10-19-2022</b>		
Inspector: <b>RON ROBINSON</b>		Certification Number: <b>ABI-0001499</b>	Expiration Date: <del>2-01-2023</del> <b>02-13-2024</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<b>WINDOW CAULKING WAS SURVEYED, BULK SAMPLES TAKEN &amp; TESTED UNDER PLM</b>				
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: <b>10 windows 3ftx5ft 150sf</b>				
Category I:		Category II: <b>window glaze/caulking 150sf</b>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>10-27-23</b>		Complete: <b>10-27-2023</b>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>NA</b>		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:**

WINDOWS WILL BE REMOVED INTACT AS POSSIBLE USING HAND TOOLS. WETTED WITH AIRLESS APPLICATION  
BARRICADE TAPE, DROP CLOTH, WEARING SUITS AND RESPIRATORS, AFTER WINDOW IS REMOVED IT WILL BE WRAPPED USING 6MIL POLY  
THEN TAKEN TO CONTAINER ON SITE THAT IS PROPERLY LINED FOR DISPOSAL.

**XIII. WASTE TRANSPORTER #1**

Name: 1 Source Services LLC

Address: 1807 BARTLETT RD

City: MEMPHIS

State: TN

Zip: 38134

Contact Person: Jairo Ortez

Tel:

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE SOUTH SHELBY LANDFILL**

Name: SOUTH SHELBY LANDFILL

Address: 5494 MALONE RD

City: MEMPHIS

State: TN

Zip: 38118

Contact Person:

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:

NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

NA

**XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBED, PULVERIZED, OR REDUCED TO POWDER:**

STOP WORK , WET AND COVER MATERIAL NOTIFIED CONSULTANT AND 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  
Type or Print Name

[Signature]  
(Signature of Owner/Operator)

10-4-23  
(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Jairo Ortez  
Type or Print Name

[Signature]  
(Signature of Owner/Operator)

10-4-23  
(Date)