

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 3/26/2024	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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: North Sharkey Elementary School and Training Center				
Address: 151 Robbin Street				
City: Anguilla		State: MS	Zip: 38721	
Site Location: Throughout building			Tel: (662) 873-4302	
Building Size: Approx.25,000 sf		# of Floors: 1	Age in Years: 60+	
Present Use: Former School		Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: South Delta School District				
Address: 106 Athletic Drive, Rolling Fork, MS 39159				
City: Rolling Fork		State: MS	Zip: 39159	
Contact: Erra Kelly			Tel: (662) 873-4302	
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL				
Address: 783 HARRIS STREET				
City: JACKSON		State: MS	Zip: 39202	
Contact: DARYL ANDERSON			Tel: 601-354-4400	
Certification Number: ABC-00002173			Expiration Date: 10-27-24	
OTHER OPERATOR: Travis Bell Landfall Inc.				
Address: 103 Harvey Street				
City: Belzoni		State: MS	Zip: 39038	
Contact: Travis Bell			Tel: (662)207-6489	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date:	
Inspector: Reggie Sampson		Certification Number: .ABI-00001921	Expiration Date: 07/27/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floors, walls, ceilings, roofs, windows, pipes PLM -EMSL LABS				
VII. QUANTITY OF RACM TO BE REMOVED: 21,910sf of floor tile and mastic - 45,108 sf of ceiling texture 25sf TSI				
Pipes (LN FT): 80lf		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4-15--24			Complete: 5-15-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-20-24			Complete: 6-30-24	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Demolition of old school

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Area contained, barrier tape, ACM danger signs, material kept wet and placed in ACM bags for disposal

XIII. WASTE TRANSPORTER #1

Name: Anderson Environmental Services

Address: 783 Harris Street

City: Jackson

State: MS

Zip: 39202

Contact Person: Daryl Anderson

Tel: (601) 601-940-4644

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE Republic Little Dixie Landfill

Name: Little Dixie Landfill

Address: 1716 North County Line,

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Mike Raley

Tel: 601-982-9488

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:

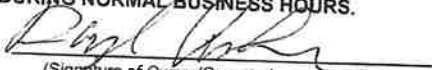
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Halt all work and notify the proper authority

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.

DARYL ANDERSON

Type or Print Name


(Signature of Owner/Operator)


3-26-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DARYL ANDERSON

Type or Print Name


(Signature of Owner/Operator)

3-26-24

(Date)