

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only) 4.21.2022	Notification # (MDEQ use only)	
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)			APR 21 2022	
Bldg. Name: Holmes Community College - Carrol Cafeteria			DEPT. OF ENVIRONMENTAL QUALITY	
Address 1 Hill Street				
City: Goodman	State: MS	Zip: 39079		
Site Location: goodman	Tel: 662-472-2312			
Building Size 10,000	# of Floors: 1	Age in Years: 30		
Present Use: cafeteria	Prior Use: cafeteria			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Holmes Junior College				
Address: 22 Bulldog				
City: Goodman	State: ms	Zip: 39079		
Contact: Soloman George	Tel: 713-545-6956			
REMOVAL CONTRACTOR Pearson Environmental				
Address: 106 Southpointe Dr.				
City: Byram	State: ms	Zip: 39272		
Contact: Chris	Tel: 601-937-1186			
OTHER OPERATOR: Geosol Construction				
Address: 10263 Colony Ct				
City: Houston	State: TX	Zip: 77041		
Contact: Solomon				
V. IS ASBESTOS PRESENT? (Yes/No) yes				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Chris Pearson/PLM/ April 2022				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area	floor tile			Sq Ft: 3000 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/4/2022			Complete: 5/6/2022	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/7/2022			Complete: 6/7/2022	

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

New walls and flooring installed and roofing repairs

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

Containment / wet method removal/ HEPA air scrubbers for negativer pressyres

XII. WASTE TRANSPORTER #1

Name: Pearson Environmental

Address: 106 Southpointe Dr

City: Byram

State: MS

Zip: 39272

Contact Person: Chris Pearson

Tel: 6019371186

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie

Address: 1716 W. County Linen Rd.

City: Ridgeland

State: ms

Zip: 39157

Tel: 6019829488

XIV. 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):

XV. 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:

XVI. 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:

Area containment/ amended water applied/ additional monitoring/ DEQ notified

XVII. 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.

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

4/21/22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

4/21/22

(Date)