

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

|                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                           |                                        |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------|----------------------------------------|-----------|
| MDEQ Use Only:<br><input checked="" type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery                                                                                                                                                                                                                                                                         |  | Postmark (mail only)                      | Date Received<br><b>5/19/22</b>        | AI Number |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</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>Caledonia Middle School VO-Tech</b>                                                                                                                                                                                                                                                                                                                                                        |  |                                           |                                        |           |
| Address: <b>Lowndes County School District</b>                                                                                                                                                                                                                                                                                                                                                            |  |                                           |                                        |           |
| City: <b>Columbus</b>                                                                                                                                                                                                                                                                                                                                                                                     |  | State: <b>MS</b>                          | Zip: <b>39701</b>                      |           |
| Site Location: <b>Caledonia Middle School</b>                                                                                                                                                                                                                                                                                                                                                             |  |                                           | Tel: <b>662-244-5000</b>               |           |
| Building Size:                                                                                                                                                                                                                                                                                                                                                                                            |  | # of Floors: <b>2</b>                     | Age in Years:                          |           |
| Present Use: <b>classrooms</b>                                                                                                                                                                                                                                                                                                                                                                            |  | Prior Use: <b>classrooms</b>              |                                        |           |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)                                                                                                                                                                                                                                                                                                                |  |                                           |                                        |           |
| OWNER NAME: <b>Lowndes County School District</b>                                                                                                                                                                                                                                                                                                                                                         |  |                                           |                                        |           |
| Address: <b>1053 Highway 45 South</b>                                                                                                                                                                                                                                                                                                                                                                     |  |                                           |                                        |           |
| City: <b>Columbus</b>                                                                                                                                                                                                                                                                                                                                                                                     |  | State: <b>MS</b>                          | Zip: <b>39701</b>                      |           |
| Contact: <b>Greg Wheat</b>                                                                                                                                                                                                                                                                                                                                                                                |  |                                           | Tel: <b>662-251-7535</b>               |           |
| ASBESTOS REMOVAL CONTRACTOR: <b>Southeast Environmental Group, Inc.</b>                                                                                                                                                                                                                                                                                                                                   |  |                                           |                                        |           |
| Address: <b>296B 2nd Ave / PO Box 433</b>                                                                                                                                                                                                                                                                                                                                                                 |  |                                           |                                        |           |
| City: <b>York</b>                                                                                                                                                                                                                                                                                                                                                                                         |  | State: <b>AL</b>                          | Zip: <b>36925</b>                      |           |
| Contact: <b>Bertha Rodgers</b>                                                                                                                                                                                                                                                                                                                                                                            |  |                                           | Tel: <b>205-392-9308</b>               |           |
| Certification Number: <b>ABC-00001906</b>                                                                                                                                                                                                                                                                                                                                                                 |  |                                           | Expiration Date: <b>05/26/2022</b>     |           |
| OTHER OPERATOR:                                                                                                                                                                                                                                                                                                                                                                                           |  |                                           |                                        |           |
| 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>07/21/2021</b>     |           |
| Inspector: <b>Martin A Cooke</b>                                                                                                                                                                                                                                                                                                                                                                          |  | Certification Number: <b>ABI-00002227</b> | Expiration Date: <b>02/04/2022</b>     |           |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:<br>A total of 36 homogenous materials were identified that could possibly contain asbestos. According to the analytical results from EMSL, (1) homogenous material was identified as asbestos containing material. 12" tan floor tile and adhesive (HA). Method used was Polarized Light Microscopy. (PLM) |  |                                           |                                        |           |
| VII. QUANTITY OF RACM TO BE REMOVED:                                                                                                                                                                                                                                                                                                                                                                      |  |                                           |                                        |           |
| Pipes (LN FT):                                                                                                                                                                                                                                                                                                                                                                                            |  | Surface Area (SQ FT): <b>1500</b>         | 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: <b>06/02/2022</b> Complete: <b>07/06/2022</b>                                                                                                                                                                                                                                                                                                      |  |                                           |                                        |           |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Star: <b>06/02/2022</b> Complete: <b>07/06/2022</b>                                                                                                                                                                                                                                                                                                         |  |                                           |                                        |           |



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

The work will be done 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.

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

The work area 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 removal process.

**XIII. WASTE TRANSPORTER #1**

Name: Waste pro

Address: PO Box 69

City: Olive Branch

State: MS

Zip: 38654

Contact Person:

Tel: 662-895-9705

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Kemper County Landfill

Address: HWY 16

City: Dekalb

State: MS

Zip: 39328

Contact Person:

Tel: 601-483-9777

**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:

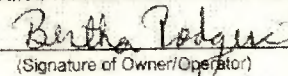
**XVII. DESCRIPTION OF PROCEURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER.**

MDEQ will be notified immediately. As with original ACM, every precaution will be taken to prevent the spread of any airborne particles, and with same containment procedures.

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.

Bertha Rodgers

Type or Print Name


  
(Signature of Owner/Operator)

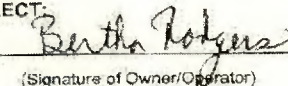
05/19/2022

(Date)

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

Bertha Rodgers

Type or Print Name


  
(Signature of Owner/Operator)

05/19/2022

(Date)