

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <b>5/16/22</b>	Date Received (MDEQ use only) <b>5/19/22</b>	Notification # (MDEQ use only)
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>			<b>RECEIVED</b>
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			<b>MAY 19 2022</b>
Bldg. Name: <b>Jackson County Technical Center</b>			Dept. of Environmental Quality
Address <b>12425 Highway 57</b>			
City: <b>Vancleave</b>	State: <b>MS</b>	Zip: <b>39565</b>	
Site Location: <b>restrooms 101, 102, 105, 106, &amp; 107</b>		Tel: <b>228-283-3950</b>	
Building Size <b>36,500</b>	# of Floors: <b>1</b>	Age in Years: <b>55</b>	
Present Use: <b>School/Technical Center</b>	Prior Use: <b>School/Technical Center</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <b>Jackson County School District</b>			
Address: <b>4700 Colonel Vickery Road</b>			
City: <b>Vancleave</b>	State: <b>MS</b>	Zip: <b>39565</b>	
Contact: <b>Dr. John Strycker</b>		Tel: <b>228- 826-1757</b>	
REMOVAL CONTRACTOR <b>Hernandez Demolition &amp; Remediation, LLC.</b>			
Address: <b>19 Minor Hill Road</b>			
City: <b>Hartselle</b>	State: <b>AL</b>	Zip: <b>35640</b>	
Contact: <b>Michael J. Brown</b>		Tel: <b>251-379-7038</b>	
OTHER OPERATOR: <b>Stewart Construction Company, Inc.</b>			
Address: <b>1910 Eden Street</b>			
City: <b>Pascagoula</b>	State: <b>MS</b>	Zip: <b>39581</b>	
Contact: <b>Tim Stewart</b>			
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>PLM Analysis; Inspector: Charles D. Bingham; Cert. #ABI-00001348; Inspection Date: 1/20/2022</b>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	
		Category I	Category II
		Indicate Unit of Measurement Below	
Pipes			UNIT
Surface Area	floor tile & mastic		Ln Ft:      Ln M:
			Sq Ft: <b>765</b> Sq M:
Vol RACM Off Facility Component			Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/31/2022</b>		Complete: <b>6/03/2022</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>5/30/2022</b>		Complete: <b>7/31/2022</b>	

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

**Abatement of floor tile & mastic from 5 restrooms prior to renovation**

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

wet methods, negative pressure containment

XII. WASTE TRANSPORTER #1

Name: **Waste Pro USA of Gautier**

Address: **4205 Beasley Road**

City: **Gautier**

State: **MS**

Zip: **39553**

Contact Person: **Renee Fountain**

Tel: **228-818-5393**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Macland Disposal Center**

Address: **11300 Highway 63**

City: **Moss Point**

State: **MS**

Zip: **38562**

Tel: **601-982-9488**

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 ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

**Stop work in area, test material, notify owner & MDEQ of any changes**

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.

Michael J. Brown

Type or Print Name

(Signature of Owner/Operator)

5/16/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Michael J. Brown

Type or Print Name

(Signature of Owner/Operator)

5/16/2022

(Date)