

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 6/16/22	Date Received (MDEQ use only) 6/21/22	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)				
Bldg. Name: Vancleave Upper Elementary School				
Address 13901 Highway 57				
City: Vancleave	State: MS	Zip: 39565		
Site Location: Building F -Assisted Restroom Facility & adjoining rooms		Tel: (228) 283-3838		
Building Size 11,400 SF	# of Floors: 1	Age in Years: 45		
Present Use: School	Prior Use: School			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Jackson County School District				
Address: 4700 Colonel Vickery Road				
City: Vancleave	State: MS	Zip: 39565		
Contact: Dr. John Strycker		Tel: 228- 826-1757		
REMOVAL CONTRACTOR Hernandez Demolition & Remediation, LLC.				
Address: 19 Minor Hill Road				
City: Hartselle	State: AL	Zip: 35640		
Contact: Michael J. Brown		Tel: 251-379-7038		
OTHER OPERATOR: Starks Contracting Co., Inc.				
Address: PO Box 7149				
City: Biloxi	State: MS	Zip: 39540		
Contact: Chris Gutierrez				
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):				
PLM Analysis; Inspector: Charles D. Bingham; Cert. #ABI-00001348; Inspection Date: 5/20/2022				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		Indicate Unit of Measurement Below		
		Category I	Category II	UNIT
Pipes			Ln Ft:	Ln M:
Surface Area	floor tile & mastic		Sq M:	
Vol RACM Off Facility Component			Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/29/2022		Complete: 7/05/2022		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/30/2022		Complete: 7/31/2022		



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: Hernandez Demolition & Remediation, LLC.

Address: 19 Minor Hill Road

City: Hartselle

State: AL

Zip: 35640

Contact Person: Michael J. Brown

Tel: 251-379-7038

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Dirt, Inc. Schillingers Road Landfill

Address: 8081 Cottage Hill Road

City: Mobile

State: AL

Zip: 36695

Tel: 251-633-7474

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 CRUMBLED, 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)

6/15/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Michael J. Brown

Type or Print Name

(Signature of Owner/Operator)

6/15/2022

(Date)