

# 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 07/28/2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>R</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>Forest Hill ROTC Building</b>				
Address: <b>2706 Raymond Rd.</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39212</b>	
Site Location: <b>Forest Hill ROTC Building</b>				Tel:
Building Size:		# of Floors: <b>1</b>	Age in Years:	
Present Use: <b>classroom</b>		Prior Use: <b>classroom</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Jackson Public School Districts</b>				
Address: <b>662 South President Street</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39225</b>	
Contact: <b>Bettie Jones</b>		Tel: <b>601-960-8799</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>05/10/2023</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>10/19/2020</b>	
Inspector: <b>Alfred Martin</b>		Certification Number: <b>ASB-1570</b>	Expiration Date: <b>3/13/2021</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>All exterior windows have ACM window glazing. There is appr. 60 windows.</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): <b>240</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>07/06/2022</b>			Complete: <b>08/06/2022</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>07/06/2022</b>			Complete: <b>08/06/2022</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:**

Poly will be placed on the ground outside of the window to catch all loose glazing. The glazing will be sprayed with a fine mist of amended water. The concept of 'keep it wet' will be used through the 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:

**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 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

*Bertha Rodgers*  
(Signature of Owner/Operator)

06/28/2022  
(Date)

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

Bertha Rodgers

Type or Print Name

*Bertha Rodgers*  
(Signature of Owner/Operator)

06/28/2022  
(Date)