

# 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 type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received <b>6/30/2022</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>Kosciusko Jr High Library</b>				
Address: <b>317 E Jefferson St</b>				
City: <b>Kosciusko</b>		State: <b>MS</b>	Zip: <b>39090</b>	
Site Location:			Tel:	
Building Size: <b>4,000 sf</b>		# of Floors: <b>1</b>	Age in Years: <b>60+/-</b>	
Present Use: <b>Library</b>		Prior Use: <b>Library</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Kosciusko School District</b>				
Address: <b>229 West Washington St</b>				
City: <b>Kosciusko</b>		State: <b>MS</b>	Zip: <b>39090</b>	
Contact: <b>Stacey Davis</b>			Tel: <b>662-582-6887</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Jeff Evans, Inc d/b/a Eagle Construction</b>				
Address: <b>1450 Old Brandon Rd</b>				
City: <b>Flowood</b>		State: <b>MS</b>	Zip: <b>39232</b>	
Contact: <b>Chuck Womack</b>			Tel: <b>601-940-5411</b>	
Certification Number: <b>ABC-1799</b>			Expiration Date: <b>3/4/2023</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>6/1/2022</b>	
Inspector: <b>Willie Nester</b>		Certification Number: <b>ABI-2244</b>	Expiration Date: <b>1/19/2023</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<b>Flooring / Adhesive</b>		<b>PLM</b>		
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): <b>1,800 sf FT/M</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>7/14/2022</b>			Complete: <b>7/15/2022</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>7/18/2022</b>			Complete: <b>8/1/2022</b>	

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JUN 30 2022

DEPT. OF ENVIRONMENTAL QUALITY

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

Removal of asbestos containing materials with hand tools

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

Stop work and notify competent person

**XIII. WASTE TRANSPORTER #1**

Name: ADS, Inc

Address: P. O. Box 1296

City: Clinton

State: MS

Zip: 39060-1296

Contact Person: Mark Parkman

Tel: 601-925-0507

**WASTE TRANSPORTER #2**

Name: Eagle Construction

Address: 1450 Old Brandon Rd

City: Flowood

State: MS

Zip: 39232

Contact Person: Chuck Womack

Tel: 601-940-5411

**XIV. WASTE DISPOSAL SITE**

Name: Little Dixie Landfill

Address: 1716 North County Line Road

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel: 601-982-9488

**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:**

**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.**

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

6/30/2022

(Date)

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

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

6/30/2022

(Date)