

# 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: 7/11/2022               | AI Number |
| <b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): O   |  |                                    |  |           |
| <b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R  |  |                                    |  |           |
| <b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):  |  |                                    |  |           |
| Bldg. Name: CORINTH CAREER & TECHNICAL CENTER   |  |                                    |  |           |
| Address: 1200 MEEKS ST.   |  |                                    |  |           |
| City: CORINTH   |  | State: MS                          | Zip: 38834                             |           |
| Site Location: ENTIRE BLDG.   |  |                                    | Tel: 662-287-2425                      |           |
| Building Size: 13000  |  | # of Floors: 1                     | Age in Years: 63                       |           |
| Present Use: CAREER & TECHNICAL SCHOOL  |  | Prior Use: ELEMENTARY SCHOOL       |  |           |
| <b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)                                 |  |                                    |  |           |
| OWNER NAME: CORINTH SCHOOL DISTRICT   |  |                                    |  |           |
| Address: 1204 NORTH HARPER ROAD   |  |                                    |  |           |
| City: CORINTH   |  | State: MS                          | Zip: 38834                             |           |
| Contact: EDWARD LEE CHILDRESS   |  |                                    | Tel: 662-287-2425                      |           |
| ASBESTOS REMOVAL CONTRACTOR: GULF SERVICES CONTRACTING, INC.  |  |                                    |  |           |
| Address: 5000 RANGELINE ROAD  |  |                                    |  |           |
| City: MOBILE  |  | State: AL                          | Zip: 36619                             |           |
| Contact: JONATHAN VALLE   |  |                                    | Tel: 251-443-8161                      |           |
| Certification Number: 08574   |  |                                    | Expiration Date: 7/8/2023              |           |
| OTHER OPERATOR:   |  |                                    |  |           |
| Address:  |  |                                    |  |           |
| City:   |  | State:                             | Zip:                                   |           |
| Contact:  |  |                                    | Tel:                                   |           |
| <b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): YES   |  |                                    |  |           |
| WAS ASBESTOS PRESENT? (Yes/No): YES   |  |                                    | Inspection Date: 9/14/2021             |           |
| Inspector: RON ROBINSON   |  | Certification Number: ABI-00001499 | Expiration Date: 4/15/22               |           |
| <b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>                             |  |                                    |  |           |
| PLM METHOD, MULTIPLE SAMPLES TAKEN THROUGH OUT THE ENTIRE BLDG.   |  |                                    |  |           |
| <b>VII. QUANTITY OF RACM TO BE REMOVED:</b> ENTIRE WINDOW UNIT WHICH INCLUDES CAULK & GLAZE                                       |  |                                    |  |           |
| Pipes (LN FT):  |  | Surface Area (SQ FT):              | Volume of Facility Components (CU FT): |           |
| <b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>   |  |                                    |  |           |
| Category I: APPROX 160 UNITS  |  |                                    | Category II:                           |           |
| <b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 7/26/22   |  |                                    | Complete: 8/2/22                       |           |
| <b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start:   |  |                                    | Complete:                              |           |

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

**ABATEMENT OF WINDOWS TO BE REMOVED PER SPECIFICATION**

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

**NEGATIVE PRESSURE, WET METHODS, FULL CONTAINMENT**

**XIII. WASTE TRANSPORTER #1**

Name: RES, INC.

Address: PO BOX 598

City: RIPLEY

State: MS

Zip: 38663

Contact Person: SHEA MASK

Tel: 662-837-4087

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: NORTH MS. REGIONAL LANDFILL

Address: 2941 CR 302

City: WALNUT

State: MS

Zip: 38683

Contact Person: AMANDA SATERFIELD

Tel: 662-223-5445

**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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

**STOP WORK, TEST MATERIALS. NOTIFY OWNER & MDEQ.**

**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.**

JONATHAN VALLE

Type or Print Name

Jonathan Valle

(Signature of Owner/Operator)

7/11/22

(Date)

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

JONATHAN VALLE

Type or Print Name

Jonathan Valle

(Signature of Owner/Operator)

7/11/22

(Date)