

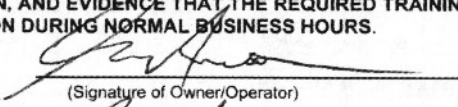
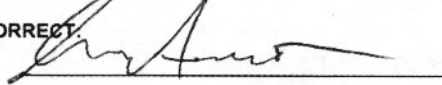
Rev

MAP

# 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: 12/9/2022	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): R				
<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): High School Boiler Room				
Bldg. Name: Laurel High School				
Address: 1100 W. 12th ST				
City: Laurel		State: MS	Zip: 39441	
Site Location: Laurel			Tel:	
Building Size: over 10,000		# of Floors: 2	Age in Years: over 30	
Present Use: School		Prior Use: School		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Laurel School District				
Address: 303 W. 8th St				
City: Laurel		State: MS	Zip: 39441	
Contact: Charles W Anderson Jr			Tel: 6012708179	
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc				
Address: 761 Weathersby RD				
City: Hattiesburg		State: MS	Zip: 39402	
Contact: Charles W Anderson Jr			Tel: 6012708179	
Certification Number: ABC-00003976			Expiration Date: 11/10/2023	
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: 8/18/22	
Inspector: Willie Nester		Certification Number: ABI-00002244	Expiration Date: 1/19/2023	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
TSI Materials within Boiler Room, Misc other Material within School Building				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT): 40		Surface Area (SQ FT): 100-120	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I:			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 12/22/22			Complete: 1/2/2023	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start:			Complete:	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Removal of asbestos TSI, Systems to be updated while students are on holiday break		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Containment, air machines, and water		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Abatement Contractors of Mississippi, Inc		
Address: 761 Weathersby Rd		
City: Hattiesburg	State: MS	Zip: 39402
Contact Person: Charles W Anderson Jr	Tel: 6012708179	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Pinebelt Solid Waste		
Address: 5274 MS-29		
City: Ovet	State: MS	Zip: 39464
Contact Person:	Tel: 6015452121	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>XVII. 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:</b> Stop work and notify owner, owners consultant, and MSDEQ		
<b>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.</b>		
Charles W Anderson Jr		12/8/22
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>		
Charles W Anderson Jr		12/8/22
Type or Print Name	(Signature of Owner/Operator)	(Date)