

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 checked="" type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 12.13.2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>			
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): Senatobia Historic High School			
Bldg. Name: Senatobia Historic High School			
Address: 303 College St			
City: Senatobia	State: MS	Zip: 38668	
Site Location:		Tel: 662-562-4897	
Building Size: 20,000 sf +/-	# of Floors: 1	Age in Years: 80 +/-	
Present Use: Vacant		Prior Use: School	
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Senatobia Municipal School District			
Address: 104 McKie St			
City: Senatobia	State: MS	Zip: 38668	
Contact: Chris Fleming		Tel: 662-562-4897	
ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction			
Address: 1450 Old Brandon Rd			
City: Flowood	State: MS	Zip: 39232	
Contact: Chuck Womack		Tel: 601-940-5411	
Certification Number: ABC-1799		Expiration Date: 3/4/2023	
OTHER OPERATOR: Legacy Construction			
Address: 25 Commercial Loop Way			
City: Rossville	State: TN	Zip: 38066	
Contact: Bracey Herrin		Tel: 901-301-6843	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 8/17/2017	
Inspector: Willie Nester	Certification Number: ABI-2244	Expiration Date: 1/19/2018	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
FT/M, piping, windows, walls, ceilings		PLM	
VII. QUANTITY OF RACM TO BE REMOVED: 4,000 sf Ceiling Tile / 200 lf piping / 6 windows			
Pipes (LN FT): 200	Surface Area (SQ FT): 4,000	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A			
Category I:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/26/2022		Complete: 1/30/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/26/2022		Complete: 6/30/2023	

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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, keep wet, seal all critical barriers & put under negative pressure

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 Rd

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work & notify owner, keep wet and double bag immediately

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)

12/13/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chuck Womack

Type or Print Name

(Signature of Owner/Operator)

12/13/2022

(Date)