

Rev

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 12-20-22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <i>O R</i>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): E				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Bathroom lobby				
Bldg. Name: Tylertown Wing A, B, and C				
Address: 204 High School Road				
City: Tylertown		State: MS	Zip: 39667	
Site Location: Same		Tel: 601 876 3370		
Building Size: 5000 each		# of Floors: 1	Age in Years: over 20	
Present Use: school		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Walthall County School District				
Address: 418 Morse Avenue				
City: Tylertown		State: MS	Zip: 39667	
Contact: Lamar Davis		Tel:		
ASBESTOS REMOVAL CONTRACTOR: Environmantal Services				
Address: 253 Delk Road				
City: Hattiesbureg		State: MS	Zip: 39401	
Contact: Joe Venus		Tel: 601 408 1005		
Certification Number: 00001330		Expiration Date: 1/3/23		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes/assumed				
WAS ASBESTOS PRESENT? (Yes/No): yes/assumed			Inspection Date: 2022	
Inspector: Joe Venus		Certification Number: 00001353	Expiration Date: 02/10/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor tile and mastic, used AHERA Plan for info and they used PLM for testing, assumed on 12/15/22				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 500	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 500				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/22/22			Complete: 12/22/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: n/a			Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Removal of flooring with heat guns and chemical for mastic

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Wet materials and bag keeping materials no friable.

XIII. WASTE TRANSPORTER #1 Environmantel Service

Name:
Address: 253 Delk Road
City: Hattiesburg State: MS Zip: 39401
Contact Person: Joe Venus Tel: 5601 408 1005

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional Waste Authority
Address: 5274 Highway 29
City: Overt State: MS Zip:
Contact Person: Smith Tel: 601 545 2121

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: n/a 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): Dec 19, 2022
Description of the sudden unexpected event:
While school is out need damaged tile removed for student safety
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
Damaged tiles and could cause friable conditions

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:
Stopo Work and Call DEQ

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.
Joe Venus _____ 12/19/22 / 12/24/22
Type or Print Name (Signature of Owner/Operator) (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Joe Venus _____ 12/19/22 / 12/24/22
Type or Print Name (Signature of Owner/Operator) (Date)