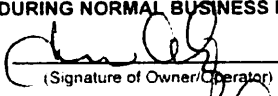



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 2-21-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O			
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):			
Bldg. Name: SMITHVILLE HIGH SCHOOL ATTENDANCE CENTER			
Address: 60017 HIGHWAY-23			
City: SMITHVILLE	State: MS	Zip: 38870	
Site Location: SMITHVILLE ATT. CENTER BUILDING #1			Tel: 662 651 4276
Building Size: NA	# of Floors: 1	Age in Years: 30+	
Present Use: SCHOOL	Prior Use: SCHOOL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: MONROE COUNTY SCHOOL DISTRICT			
Address: P.O BOX 209			
City: AMORY	State: MS	Zip: 38800	
Contact:			Tel: 662 234 3271
ASBESTOS REMOVAL CONTRACTOR: 1-SOURCE SERVICES			
Address: 1807 BARTLETT RD #A			
City: MEMPHIS	State: TN	Zip: 38134	
Contact: JAIRO ORTEZ			Tel: 901 626 3301
Certification Number: ABC-00010450		Expiration Date: JUN 3rd 2023	
OTHER OPERATOR: NA			
Address:			
City:	State:	Zip:	
Contact:			Tel:
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes			
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 10-19-2022	
Inspector: RON ROBINSON	Certification Number: ABI-0001499	Expiration Date: 21 2/01/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: SITE WAS SURVEYED, BULK SAMPLES TAKEN & TESTED UNDER PLM			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 10 windows 3ftx5ft 150sf			
Category I:		Category II: window glaze/caulking 150sf	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-24-2023		Complete: 6-9-2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: NA		Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
NA		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
WINDOWS WILL BE REMOVED INTACT AS POSSIBLE USING HAND TOOLS. WETTED WITH AIRLESS APPLICATION BARRICADE TAPE, DROP CLOTH, WEARING SUITS AND RESPIRATORS. AFTER WINDOW IS REMOVED IT WILL BE WRAPPED USING 6MIL POLY THEN TAKEN TO CONTAINER ON SITE THAT IS PROPERLY LINED FOR DISPOSAL.		
XIII. WASTE TRANSPORTER #1 RES		
Name: (RES)Resourceful Environmental Services		
Address: 1041 CR-549 P.O Box 598		
City: Ripley	State: MS	Zip: 38663
Contact Person: Shea Mask	Tel: 662 882 3853	
WASTE TRANSPORTER #2 NA		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Three Rivers		
Address: 1904 MS-76		
City: Pontotoc	State: MS	Zip: 38863
Contact Person: Shea Mask	Tel: 662 882 3853	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: NA	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:		
NA		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
NA		
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		
UPGRADE WORK AREA IF NECESSARY AND NOTIFIED 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.		
Jairo Ortez		2/21/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Jairo Ortez		2/21/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)