

"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 2-23-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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: ETHEL HIGH SCHOOL				
Address: 2178 COLLEGE ST				
City: ETHEL		State: MS	Zip: 39067	
Site Location: BLDG C		Tel: 662-674-5673		
Building Size: 15000 SF		# of Floors: 1	Age in Years: 65 +/-	
Present Use: HIGH SCHOOL		Prior Use: HIGH SCHOOL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: ATTALA COUNTY SCHOOL DISTRICT				
Address: 100 COURTHOUSE BUILDING, SUITE 3				
City: KOSCIUSKO		State: MS	Zip: 39090	
Contact: CHRISTIE MOODY		Tel: 662-289-2801		
ASBESTOS REMOVAL CONTRACTOR: GULF SERVICES CONTRACTING, INC.				
Address: 5000 RANGELINE ROAD				
City: MOBILE		State: AL	Zip: 36619	
Contact: David Sean Brandon		Tel: 251-443-8161		
Certification Number: ABC-00001674		Expiration Date: 04/01/23		
OTHER OPERATOR:				
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: 2-8-22		
Inspector: ANDREW P. WILSON		Certification Number: ABI-00011014	Expiration Date: 8/11/22	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM METHOD, MULTIPLE SAMPLES OF CAULK AND GLAZE OF WINDOW UNITS TAKEN THROUGH OUT THE CAFETERIA.				
VII. QUANTITY OF RACM TO BE REMOVED: ENTIRE WINDOW UNIT WHICH INCLUDES CAULK & GLAZE				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: APPROX 32 UNITS		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/13/23			Complete: 3/20/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: n/a			Complete: n/a	

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: **Waste Management**

Address: **429 Fenwick St**

City: **Kosciusko**

State: **MS**

Zip: **39090**

Contact Person: **Terry**

Tel: **662-458-4565**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: **Waste Management - Clearview Landfill**

Address: **2253 Mudline Rd.**

City: **Lake**

State: **MS**

Zip: **39092**

Contact Person: **Michael Eidt**

Tel: **601-536-3240**

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)

Digitally signed by Jonathan Valle
DN: cn=Jonathan Valle, o=MS, email=jvalle@pghsolutions.net, c=US
Date: 2023.02.23 08:27:12 -0500

02/22/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JONATHAN VALLE

Type or Print Name

Jonathan Valle

(Signature of Owner/Operator)

Digitally signed by Jonathan Valle
DN: cn=Jonathan Valle, o=MS, email=jvalle@pghsolutions.net, c=US
Date: 2023.02.23 08:27:12 -0500

02/22/23

(Date)