

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 2-17-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O 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: Attala County Courthouse				
Address: 118 West Washington St.				
City: Kosciusko		State: MS	Zip: 39090	
Site Location:			Tel: 662-289-1135	
Building Size: 10,000 sf		# of Floors: 1	Age in Years: 30+	
Present Use: County Courthouse		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Attala County				
Address: 118 West Washington St.				
City: Kosciusko		State: MS	Zip: 39090	
Contact: Tonya Brewer		Tel: 251-443-7663		
ASBESTOS REMOVAL CONTRACTOR: Environmental Management Plus, Inc.				
Address: P. O. Box 9361				
City: Jackson		State: MS	Zip: 39286	
Contact: Alfred Martin,			Tel: 601-922-1919	
Certification Number: ABC-1568		Expiration Date: 3/10/23		
OTHER OPERATOR: The Lathan Company				
Address: P. O. Box 190308				
City: Mobile		State: AL	Zip: 36619	
Contact: Tonya Brewer		Tel: 251-443-7663		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes			Inspection Date: 11/14/22	
Inspector: Willie Nester		Certification Number: ABI-2244	Expiration Date: 1/18/24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
floor tile, mastic, window caulking - PCM				
VII. QUANTITY OF RACM TO BE REMOVED: <160 sf window caulking				
Pipes (LN FT):		Surface Area (SQ FT): 300 FT/Mastic	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/6/23			Complete: 3/7/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/8/23			Complete: 4/8/23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Removal of acm floor tile, mastic and window caulking.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

~~slow bagging and~~ wet method removal of acm floor tile, mastic and window caulking using manual tools, bagging and proper disposal.

XIII. WASTE TRANSPORTER #1

Name: EMP

Address: P.O. Box 9361

City: Jackson

State: MS

Zip: 39286

Contact Person:

Tel:

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N. 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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

All work would be halted for further inspection.

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

Alfred L. Martin, Jr. Ph.D.

Type or Print Name

Alfred L. Martin, Jr.
(Signature of Owner/Operator)

2/14/23 2/17/23
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred L. Martin, Jr., Ph.D.

Type or Print Name

Alfred L. Martin, Jr.
(Signature of Owner/Operator)

2/14/23 2/17/23
(Date)