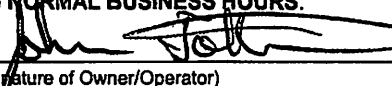



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 type="checkbox"/> Hand Delivery		Postmark (mail only) 3-3-23	Date Received 3-6-23	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: Iuka Middle school				
Address: 507 WEST Quitman St.				
City: Iuka		State: MS		Zip: 38852
Site Location: Band Hall Roof			Tel: 662-660-6540	
Building Size: 1200 SF		# of Floors: 1		Age in Years: OVER 50
Present Use: NONE		Prior Use: Band Hall		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Tishamingo Co. school District				
Address: 1600 Paul Edmondson DRIVE				
City: Iuka		State: MS		Zip: 38852
Contact: MATHEW WALKER			Tel: 662-660-6540	
ASBESTOS REMOVAL CONTRACTOR: Specialty Contractor				
Address: Specialty Contractor 8310 Wade Rd.				
City: Warrior		State: AL		Zip: 35180
Contact: JOHN TOTTEN			Tel: 205-907-7351	
Certification Number: ABC 00001133			Expiration Date: 2-3-24	
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: 7-12-22	
Inspector: RON ROBINSON		Certification Number: ABI-0000499		Expiration Date: 2-21-23
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floors, walls, windows, ROOF 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:				
Category I: Roofing 1200 SF		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-20-23			Complete: 3-24-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6-5-23			Complete: 7-25-23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: NEW Roof		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Abatement, wet method, Hepa vacuum		
XIII. WASTE TRANSPORTER #1		
Name: RES		
Address: 1041 CR 549 #		
City: Ripley,	State: MS	Zip: 38663
Contact Person:	Tel: 662-837-4087	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: THREE RIVERS		
Address: 1704 MS-76		
City: Pontotoc, MS.	State: MS	Zip: 38863
Contact Person:	Tel: 662-488-0444	
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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER: Seal off AREA, NEG AIR, HEPA VACUUM, WET METHOD, ASBESTOS BAGS, COVERALLS, RESPIRATORS.		
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.		
JOHN TOTTEN <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	3-3-23 <small>(Date)</small>
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
JOHN TOTTEN <small>Type or Print Name</small>	 <small>(Signature of Owner/Operator)</small>	3-3-23 <small>(Date)</small>