

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 3-24-23	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: LAUDERDALE CTE				
Address: 412 US 11 #80 EAST				
City: MERIDIAN		State: MS	Zip: 39301	
Site Location: 412 US 11 #80 EAST CTE BLDG ON CAMPUS			Tel: 601-693-1683	
Building Size: 10,000 S.F. +/-		# of Floors: 1	Age in Years: 40 +/-	
Present Use: VACANT		Prior Use: CAREER & TECHNICAL CENTER		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: LAUDERDALE COUNTY SCHOOL DISTRICT				
Address: 301 46TH COURT				
City: MERIDIAN		State: MS	Zip: 39305	
Contact: DR. JOHN-MARK CAIN			Tel: 601-693-1683	
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: 04/01/2023	
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: 1/6/23	
Inspector: JACK MASSEY		Certification Number: ABI-00003785	Expiration Date: 4/12/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM METHOD, MULTIPLE SAMPLES OF VCT (TILES) AND BLACK MASTIC TAKEN THROUGHOUT THE ENTIRE BUILDING.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 9,400 ✓		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 9,400 VCT ✓				
Category I: VCT, MASTIC			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/7/23			Complete: 4/7/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

ABATEMENT & RENOVATION

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: JWC ENVIRONMENTAL-JEFF JAY

Address: 1400 WILLOW LAKE RD

City: TOOMSUBA State: MS Zip: 39364

Contact Person: JEFF JAY Tel: 601-693-7713

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: PINE RIDGE LANDFILL

Address: 520 MURPHY RD

City: MERIDIAN State: MS Zip: 39301

Contact Person: Tel: 601-693-7105

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:

STOP WORK, NOTIFY OWNERS, & 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=, email=jvalle@toomsuba.com, c=US
Date: 2023.03.24 16:16:52 -0500

3/24/23
(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=, email=jvalle@toomsuba.com, c=US
Date: 2023.03.24 16:15:52 -0500

3/24/23
(Date)