

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM Rev

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 4-21-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input checked="" type="radio"/> O <input type="radio"/> 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): Mississippi State Penitentiary				
Bldg. Name: Guard Towers				
Address: 590 Parchman Road 12				
City: Parchman		State: MS	Zip: 38738	
Site Location: Prison			Tel: 662-745-6611	
Building Size: 225sq/ft		# of Floors: unk	Age in Years: unk	
Present Use: Tower		Prior Use: unk		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Mississippi State Penitentiary				
Address: 590 Parchman Road 12				
City: Parchman		State: MS	Zip: 38738	
Contact: Jason Cochran			Tel: 901-365-6252	
ASBESTOS REMOVAL CONTRACTOR: Northwest Contracting Services				
Address: 4180 BF Goodrich Blvd				
City: Memphis		State: TN	Zip: 38118	
Contact: Jason Cochran			Tel: 901-365-6252	
Certification Number: ABC-00010635			Expiration Date: 06/07/2023	
OTHER OPERATOR: B Four Plied, Inc. (Roofing Contractor)				
Address: 3980 Winchester Road				
City: Memphis		State: TN	Zip: 38118	
Contact: Josh Boaz			Tel: 901-412-9291	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Ne Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 4-14-2023	
Inspector: Scott Comish		Certification Number: ABI-00006892	Expiration Date: 02-15-2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Felt roofing membrane, sample collected by roofing contractor and sent to lab to determine if asbestos was present 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: 900sq/ft			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 05/08/23			Complete: 05/12/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/12/23			Complete: unk	

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

remove roofing membrane using hand tools and wet methods

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

regulate the work area with barrier tape, work conducted with suits and respirators and OSHA air monitoring

XIII. WASTE TRANSPORTER #1

Name: Northwest Contracting Services Inc

Address: 4180 BF Goodrich Blvd

City: Memphis

State: TN

Zip: 38118

Contact Person: Jason Cochran

Tel: 901-365-6252

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: South Shelby Landfill

Address: 5494 Malone Rd

City: Memphis

State: TN

Zip: 38118

Contact Person: Shana Fristik

Tel: 901-794-8071

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

cease work, clean utilizing wet methods and HEPA vacs, notify MDEQ for further action

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.

Jason Cochran

Type or Print Name

Jason Cochran

(Signature of Owner/Operator)

Digitally signed by Jason Cochran

Date: 2023.04.21 07:53:01 -0500'

4/21/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jason Cochran

Type or Print Name

Jason Cochran

(Signature of Owner/Operator)

Digitally signed by Jason Cochran

Date: 2023.04.21 07:53:17 -0500'

4/21/2023

(Date)