

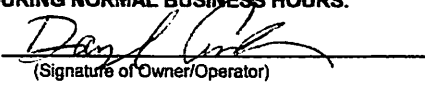
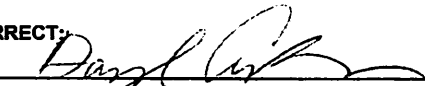
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MAP

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 05-22-2023	AI Number 80457
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: East Central High School			
Address: 5500 Hurley-Wade Road, Moss Point, MS 39562			
City: Moss Point	State: MS	Zip: 39	
Site Location: Cafeteria		Tel: (228) 588-7025	
Building Size: Approx. 6,600sf	# of Floors: 1	Age in Years: 50+	
Present Use: High School	Prior Use: High School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Jackson County School District			
Address: 5500 Hurley Wade Rd, Moss Point, MS 39562			
City: Moss Point	State: MS	Zip: 39562	
Contact: Dr. Barry Amacker		Tel: (228) 588-7025	
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL			
Address: 783 HARRIS STREET			
City: JACKSON	State: MS	Zip: 39202	
Contact: DARYL ANDERSON		Tel: 601-354-4400	
Certification Number: ABC-00002173		Expiration Date: 10-18-23	
OTHER OPERATOR: Continental Flooring Company			
Address: 9319 N 94th Way Suite 1000, Scottsdale, AZ 85258			
City: Scottsdale	State: AZ	Zip: 85258	
Contact: Anastasia Rodrigues		Tel: 480-281-1221	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 1-21-22	
Inspector: Charles Bingham	Certification Number: ABI-0001348	Expiration Date: 02-11-23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Floors, ceilings, pipes, walls			
Procedure PLM-Polarized Light Microscopy			
VII. QUANTITY OF RACM TO BE REMOVED:			
6,600sf of floor tile and mastic			
Pipes (LN FT):	Surface Area (SQ FT):	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: 6-30-23		Complete: 7-15-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-16-23		Complete: 8-16-23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Replacement of school cafeteria floors		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Area contained, placed under negative air, material kept wet and placed in acm bags for disposal		
XIII. WASTE TRANSPORTER #1		
Name: Waste Pro		
Address: 9255 County Farm Rd, Gulfport, MS 39503		
City: Gulfport	State: MS	Zip: 39503
Contact Person: Office Manager	Tel: (228) 818-5393	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Pecan Grove Landfill		
Address: 9685 Firetower Rd, Pass Christian, MS 39571		
City: Pass Christian	State: MS	Zip: 39571
Contact Person:	Tel: (866) 909-4458	
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: Halt all work and notify the proper authority		
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.		
DARYL ANDERSON		5-19-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
DARYL ANDERSON		5-19-23
Type or Print Name	(Signature of Owner/Operator)	(Date)