

Emerg.  
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 6-19-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): E				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: West Union Attendance Center				
Address: 1610 State Highway 30 West				
City: Myrtle		State: MS	Zip: 38650	
Site Location: Classrooms 14C, 18 & 19B			Tel: 662-988-2416	
Building Size: Unknown		# of Floors: 1	Age in Years: Unknown	
Present Use: School		Prior Use: Unknown		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Union County School District				
Address: 250 Carter Avenue				
City: New Albany		State: MS	Zip: 38652	
Contact:			Tel: 662-534-1960	
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock		State: AR	Zip: 72118	
Contact: Justin Dixon/Andrew Ables			Tel: 601-559-2185	
Certification Number: ABC-00009502			Expiration Date: 9/30/2023	
OTHER OPERATOR: N/A				
Address: N/A				
City: N/A		State: N/A	Zip: N/A	
Contact: N/A			Tel: N/A	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 1/9/2023	
Inspector: Ron Robinson		Certification Number: ABI-00001499	Expiration Date: 2/21/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM Bulk Samples Window Caulking (approx. 1,290 LF)				
VII. QUANTITY OF RACM TO BE REMOVED: 1,290 LF of window caulking				
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: 6/26/2023			Complete: 6/28/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

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

Materials listed to be removed by hand so facility can be renovated. (window caulking)

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

Materials will be wetted, during and after abatement, properly packaged, labeled and transported to a class 1 landfill for disposal.

**XIII. WASTE TRANSPORTER #1**

Name: RES

Address: 1041 CR 549

City: Ripley

State: MS

Zip: 38663

Contact Person: N/A

Tel: 662-882-3853

**WASTE TRANSPORTER #2 N/A**

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

**XIV. WASTE DISPOSAL SITE**

Name: Three Rivers Regional Landfill

Address: 1904 Parkway West

City: Pontotoc

State: MS

Zip: 38863

Contact Person: Jeff Stanford

Tel: 662-489-2415

**XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

**XVI. FOR EMERGENCY RENOVATIONS: N/A**

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

**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:**

Wet the unexpected, make area safe and notify DEQ..

**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.**

Barbara McElroy

Type or Print Name

*Barbara McElroy*

(Signature of Owner/Operator)

6/19/2023

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Barbara McElroy

Type or Print Name

*Barbara McElroy*

(Signature of Owner/Operator)

6/19/2023

(Date)