

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

<input checked="" type="checkbox"/> MDEQ Use Only <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received 7-5-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) 0			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) RENOVATION			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Lafayette County Middle School			
Bldg. Name Lafayette County Middle School			
Address: 100 Commodore Drive			
City: Oxford	State: MS	Zip: 38655	
Site Location: back wing		Tel: 662 234 3271	
Building Size: NA	# of Floors: 1	Age in Years: 30+	
Present Use: Middle School	Prior Use: Middle School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Lafayette County School District			
Address: 100 Commodore Drive			
City: Oxford	State: MS	Zip: 38655	
Contact: NA		Tel: 662 234 3271	
ASBESTOS REMOVAL CONTRACTOR: 1-Source Services LLC			
Address: 1807 Bartlett rd			
City: Memphis	State: TN	Zip: 38134	
Contact: Jairo Ortez		Tel: 901 626 3301	
Certification Number: ABC-000104450		Expiration Date: MAY 31 2024	
OTHER OPERATOR: Tombigbee Contractors, LLC			
Address: PO Box 959 619 Highway 145 N.			
City: Aberdeen	State: MS	Zip: 39730	
Contact: Renee Bowen		Tel: 662 369-4087	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No) YES			
WAS ASBESTOS PRESENT? (Yes/No) YES		Inspection Date: September 15, 2022	
Inspector: Andrew P Wilson	Certification Number: ABI-00011014	Expiration Date: August 2nd 2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Site was surveyed , bulk samples taken & tested under 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:		Category II: 4 windows (3x6) 40sqft	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: July 5th		Complete: July 5th	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: NA		Complete: NA	

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

NA

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

WINDOWS WILL BE REMOVED AS INTACT AS POSSIBLE USING HAND TOOLS, WETTED WITH AIRLESS APPLICATION, BARRICADE TAPE, DROP CLOTH, WEARING SUITS AND RESPIRATORS, AFTER WINDOWS ARE REMOVED WILL BE WRAPPED USING 6 MIL POLY THEN TAKEN TO LANDFILL FOR PROPER DISPOSAL.

XIII. WASTE TRANSPORTER #1 1-SOURCE

Name Jose Castillo

Address 1807 Bartlett rd

City Memphis

State TN

Zip 38134

Contact Person Jairo Ortez

Tel 901 626 3301

WASTE TRANSPORTER #2

Name

Address

City

State

Zip

Contact Person

Tel

XIV. WASTE DISPOSAL SITE

Name South Landfill

Address 5494 Malone Rd

City Memphis

State TN

Zip 38118

Contact Person Shanna Fristrick

Tel 901 283 9372

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

Name NA

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

NA

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

NA

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

UPGRADE WORK AREA IF NECESSARY AND NOTIFIED 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.

Jairo Ortez

Type or Print Name

(Signature of Owner/Operator)

July 3rd 2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jairo Ortez

Type or Print Name

(Signature of Owner/Operator)

July 3rd 2023

(Date)