
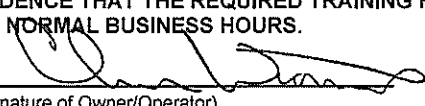
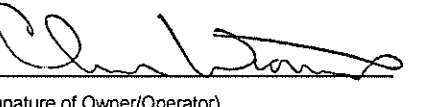


MAP

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 type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 7.25.2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
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): Batesville Elementary Annex				
Bldg. Name: Batesville Elementary Annex				
Address: 110 College St				
City: Batesville		State: MS	Zip: 38606	
Site Location: 110 College St, Batesville, MS 38606			Tel: 662-563-4596	
Building Size: 25,000 +/-		# of Floors: 1	Age in Years: 60 +/-	
Present Use: School		Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: South Panola School District				
Address: 209 Boothe St				
City: Batesville		State: MS	Zip: 38606	
Contact: David Rubenstein			Tel: 662-563-9361	
ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction				
Address: 1450 Old Brandon Rd				
City: Flowood		State: MS	Zip: 39232	
Contact: Chuck Womack			Tel: 601-940-5411	
Certification Number: ABC-1799			Expiration Date: 3/4/2023	
OTHER OPERATOR: E Cornell Malone Corp				
Address: #1 Commerce Dr, Ste 200				
City: Hattiesburg		State: MS	Zip: 39402	
Contact: Chris Criswell			Tel: 601-544-1188	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 6/17/2021	
Inspector: Willie Nester		Certification Number: ABI-2244	Expiration Date: 1/18/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Roofing		PLM		
				
VII. QUANTITY OF RACM TO BE REMOVED: 18,000 sf roofing				
Pipes (LN FT):		Surface Area (SQ FT): 18,000	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/9/2023			Complete: 12/20/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/9/2023			Complete: 1/30/2024	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of asbestos containing materials with hand tools		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Stop work and notify competent person, keep wet, seal all critical barriers & put under negative pressure		
XIII. WASTE TRANSPORTER #1		
Name: Waste Connections of MS		
Address: P. O. Box 96		
City: Walnut	State: MS	Zip: 38683
Contact Person: Amanda Satterfield		Tel: 662-760-3944
WASTE TRANSPORTER #2		
Name: Eagle Construction		
Address: 1450 Old Brandon Rd		
City: Flowood	State: MS	Zip: 39232
Contact Person: Chuck Womack		Tel: 601-940-5411
XIV. WASTE DISPOSAL SITE		
Name: Three Rivers Regional Landfill		
Address: 1904 Pontotoc Parkway West		
City: Pontotoc	State: MS	Zip: 38683
Contact Person:		Tel: 662-488-0444
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 owner, keep wet and double bag immediately		
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.		
Chuck Womack		7/25/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
Chuck Womack		7/25/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)