

# 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 7/18/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Gary Road Elementary</b>				
Bldg. Name: <b>West Wing</b>				
Address: <b>7241 Gary Road</b>				
City: <b>Byram</b>		State: <b>MS</b>	Zip: <b>39272</b>	County: <b>Hinds</b>
Site Location: <b>West Wing</b>			Tel: <b>601373-1319</b>	
Building Size: <b>30,000sf</b>		# of Floors: <b>1</b>	Age in Years: <b>25+</b>	
Present Use: <b>School</b>		Prior Use: <b>School</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Hinds County School District</b>				
Address: <b>7241 Gary Road</b>				
City: <b>Byram</b>		State: <b>MS</b>	Zip: <b>39272</b>	
Contact: <b>M. Carson</b>			Tel: <b>601 373-1319</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>EMP</b>				
Address: <b>PO BOX 9361</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39286</b>	
Contact: <b>Alfred Martin</b>			Tel: <b>601 922-1919</b>	
Certification Number: <b>ABC 1568</b>			Expiration Date: <b>3/14/25</b>	
OTHER OPERATOR: <b>Barnard and Sons LLC</b>				
Address: <b>3054 MS-13</b>				
City: <b>Mendenhall</b>		State: <b>MS</b>	Zip: <b>39114</b>	
Contact: <b>Larry Clack</b>			Tel: <b>601 847-2420</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>7/15/24</b>	
Inspector: <b>Alfred Martin</b>		Certification Number: <b>ABI 1570</b>		Expiration Date: <b>3/15/25</b>
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
FT & Mastic		PLM Method		
Ceiling Tile				
Pipe Insulation				
Roof Shingles				
Window Putty				
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: <b>Floor Tile and Mastic - Appr. 13,000sf</b>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>August 1, 2024</b>				Complete: <b>August 16, 2024</b>
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>August 1, 2024</b>				Complete: <b>December 31, 2024</b>

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

Renovation of west wing of school. Contractor will follow architect specifications.

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

Abatement will utilize wet method, proper bagging and disposal. Negative air will be utilized.

**XIII. WASTE TRANSPORTER #1**

Name: ADS

Address: Springridge Road

City: Clinton

State: MS

Zip: 39056

Contact Person: Donna Parkman

Tel: 601 925-0507

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Little Dixie

Address: County Line Road

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Mike Railey

Tel: 601 982-9488

**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:**

Work halted and resampled. Continue to wet debris.

**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.**

Alfred Martin

Type or Print Name

(Signature of Owner/Operator)

7.18.24

(Date)

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

Alfred Martin

Type or Print Name

(Signature of Owner/Operator)

7.18.24

(Date)