## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only EmailMailHand Delivery	Pesimark (mail only)	Date Re	eceived 11/13/2024	Af Number			
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):							
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: Murrah High School							
Address: 1400 Murrah Drive							
<sub>City:</sub> Jackson	son State: MS		Zip: 39202				
Site Location: East and West Gym Hallway			Tel: 601-969-6602				
Building Size: Approx.30,000sf # of			Age in Years: 40+				
Present Use: School	Prior Use: So	Prior Use: School					
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Jackson Public Schools							
Address: 186 Idlewild St Jackson, MS 39203							
<sub>City:</sub> Jackson			Zip: 39203				
Contact: Darryl Foster			Tel:				
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL							
Address: 783 HARRIS STREET							
City: JACKSON			<sub>Zip:</sub> 39202				
Contact: DARYL ANDERSON			Tel: 601-354-4400				
Certification Number: ABC-00002173			ration Date: 11-08-25				
OTHER OPERATOR:							
Address:							
City:	State:	State:		Zip:			
Contact:			Tel:				
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): ACM presumed 9X9 floor tile							
Voc			on Date:				
Inspector: Certification Number: Expiration Date:							
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor tile and mastic.							
ricor dio and maddo.							
WIL QUANTITY OF DAON TO DE DEMOVED							
VII. QUANTITY OF RACM TO BE REMOVED: 2000sf floor tile and mastic							
Pipes (LN FT):	Surface Area (SQ FT):	ace Area (SQ FT): Volume of Facility Components (CU FT):					
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Category II:							
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11-27-24 Complete: 11-30-24							
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:							

XI. DESCRIPTION OF PLANNED DEMOLITION OF DENOVA	ATIONING			
XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA Repair damaged floor tile	ATION WORK, AND	METHOD(S) TO BE USED:		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERI DEMOLITION OR RENOVATION SITE:				
Area barricaded off with asbestos danger t placed in acm bags for disposal	ape, put unde	er negative pressure m	naterial kept wet and	
XIII. WASTE TRANSPORTER #1				
Name: Anderson Environmental				
Address: 783 Harris Street				
City: Jackson	State: MS	Zip: 39202		
Contact Person: Daryl Anderson	- Miles	Tel: (601) 354-44	400	
WASTE TRANSPORTER #2		10%		
Name:				
Address:				
City:	State:	Zip:		
Contact Person:		Tel:		
XIV. WASTE DISPOSAL SITE Republic				
Name: Little Dixie Landfill				
Address: 1716 E County Line Rd				
City: Ridgeland	State: MS	Zip: 39157	Zip: 39157	
Contact Person: Michael Raley		Tel: (601) 982-94	488	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENC	Y, PLEASE IDENT	IFY 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:				
Evalenation of how the event sound washe and till				
Explanation of how the event caused unsafe conditions or would	cause equipment da	amage or an unreasonable financ	ial burden:	
VALUE DESCRIPTION OF PROCEDURES TO BE SELLOWISE.				
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED Half all work and positive the process of the little state.		T UNEXPECTED ASBESTOS IS R REDUCED TO POWDER:	FOUND OR PREVIOUSLY	
Halt all work and notify the proper authority				
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PRO ONSITE DURING THE DEMOLITION OR RENOVATION, AND E THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURI	VISIONS OF THIS EVIDENCE THAT T NG NORMAL BUS	REGULATION (40 CFR PART 67 'HE REQUIRED TRAINING HAS	1, SUBPART M) WILL BE BEEN ACCOMPLISHED BY	
DARYL ANDERSON	Dml	DESCRIPTION OF	11-14-24	
	(Signature of Owner/O	perator)	(Date)	
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT DARYL ANDERSON	T: Dant		11-14-24	
Type or Print Name	(Signature of Owner/O	operator)	(Date)	
	Age escape at Biother	·	(Date)	