

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: Postmark (ma Email		Date Re		Al Number	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) ER					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: HARRISON COUNTY COURTHOUSE					
Address 1801 23RD AVENUE					
City: GULFPORT	State: MS		Zip: 39502	County: HARRISON	
Site Location: 1ST FLOOR	·		Tel: 228-867-0136		
Building Size 69,000 SQ. FT.	# of Floors: 2 Age in Years: 48				
Present Use: COURTHOUSE	Prior Use: COURTHOUSE				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)					
OWNER NAME: HARRISON COUNTY					
Address: 1801 23RD AVENUE					
City: GULFPORT	State: MS		_{Zip:} 39502		
Contact: CHRIS ATHERTON	otate.		Tel: 228-861-3386		
ASBESTOS REMOVAL CONTRACTOR: WILLIAM S. FOLKS, GUARANTEE ENVIRONMENTAL SERVICES, LLC					
Address: 16248 PERKINS ROAD					
City: BATON ROUGE	State: LA		Zip: 70810		
Contact: SHANNON RIVETT			_{Tel:} 225-753-8682 EXT. 227		
Certification Number: ABC-00011409 Expiration Date: 07/18/2025				25	
OTHER OPERATOR: GUARANTEE RESTORATION SERVICES, LLC					
Address: 16248 PERKINS ROAD					
City: BATON ROUGE	State: LA Z		_{Zip:} 70810		
Contact: DARRICK SHANK			Tel: 225-753-8682		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES					
WAS ASBESTOS PRESENT? (Yes/No): YES Inspection Date: 4/15/25					
Inspector: DILLON PEARSON Certification Number: ABI-00013290 Expiration Date: 12/18/2025					
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:					
samples were taken of drywall, joint compound on 2nd floor and were negative. Samples of were taken of vinyl plank floor, VACT & mastic on the 1st floor and sent to eurofins lab where they used polarized light method for					
testing. See report analysis for details. Vinyl plank floor, VACT and mastic were all positive for asbestos.					
VIL QUANTITY OF RACM TO BE REMOVED:					
VII. QUANTITY OF RACM TO BE REMOVED: 25 cu. yds. 15,035 sq. ft. of flooring & mastic					
	SQ FT): 15035	\	olume of Facility Co	omponents (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/a					
Category I:	E/40/0E	Categor	y II:	E 100 10E	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/12/25			<u> </u>	Complete: 5/26/25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			<u> </u>	Complete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OF	P PENOVATION WORK AND M	ETHORIO TO DE HORS		
utilize wet removal technique			irbarna ralaga	
XII. DESCRIPTION OF WORK PRACTICES AND ELDEMOLITION OR RENOVATION SITE:	NGINEERING CONTROLS TO BE	E USED TO PREVENT EMISSIONS O	F ASBESTOS AT THE	
Double bag asbestos, wet methods, env	riromental controls utilizing	g HEPA filtered air scrubbers	in containment area	
XIII. WASTE TRANSPORTER #1				
Name: Waste Pro USA	*			
Address: 4205 Beasley Road				
_{City:} Gautier	State: MS	Zip: 39553		
Contact Person: Renee	- Cidio	Tel: 228-818-5393		
WASTE TRANSPORTER #2		101.		
Name:		Ç. S.		
Address:				
City:	State:	Zip:		
Contact Person:		Tel:		
XIV. WASTE DISPOSAL SITE		ju ju		
Name: Pecan Grove Landfill-Waste Mana	gement of MS, Inc.			
Address: 9685 Firetower Road		(1) (2) (3)		
City: Pass Christian	State: MS	Zip: 39571		
Contact Person: Sam Williams		_{Tel:} 228-475-9750		
XV. IF DEMOLITION ORDERED BY A GOVERNMEN	IT 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): 04/10/2	25 5:00 pm	K.		
Description of the sudden unexpected event:	fi O fi			
		r clean water source bathroom		
Explanation of how the event caused unsafe conditions	s or would cause equipment dama	age or an unreasonable financial burde	n:	
Please see 3rd page.		<u>.</u>		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLI NONFRIABLE ASTESTOS MATERIAL BECOMES C	LOWED IN THE EVENT THAT UP RUMBLED, PULVERIZED, OR R	NEXPECTED ASBESTOS IS FOUND EDUCED TO POWDER:	OR PREVIOUSLY	
Stop work, verify suspect material is			sary	
			•	
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN ONSITE DURING THE DEMOLITION OR RENOVATION OF RENOVATION PROPERTY OF THE PROPER	ON. AND EVIDENCE THAT THE	RECITION TO AINING HAS BEEN A	ART M) WILL BE CCOMPLISHED BY	
Shannon Rivett Type or Print Name (Sign	nature of Owner/Operator)	4/17/25 (Date)		
XIX. I CERTIFY THAT THE ABOVE INFORMATION-IS		(5410)		
Shannon Rivett	rannon Pore	4/17/25		
Type or Print Name (Sig	nature of Owner/Operator)	(Date)		