

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project # 21509	Postmark 03/08/2021	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
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) Renovation					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Alcorn County Courthouse Roof Section 01)					
Address: 600 E Waldron St					
City: Corinth	State: Mississippi	Zip: 38834			
Site Location: Roof (Section 01)		Tel: 662-286-7740			
Building Size 11,500sq/ft	# of Floors: 01	Age in Years: UNK			
Present Use: Courthouse	Prior Use: Courthouse				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Alcorn County Courthouse					
Address: 4600 E Waldron St					
City: Corinth	State: Mississippi	Zip: 38834			
Contact: Patrick Smith		Tel: 662-298-0057			
REMOVAL CONTRACTOR Northwest Contracting Services					
Address: 4180 BF Goodrich Blvd.					
City: Memphis	State: TN	Zip: 38118			
Contact: Jason Cochran		Tel: 901-365-6252			
OTHER OPERATOR: B Four Plieed, Inc. (Roofing Contractor)					
Address: 3980 Winchester Road					
City: Memphis	State: TN	Zip: 38118			
Contact: Josh Boaz					
V. IS ASBESTOS PRESENT? (Yes/No) Yes					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
PLM/DS					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area Roofing Material		11,500		Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 03/10/2021 Complete: 03/26/2021					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

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

Removal of Asbestos Containing Roofing Material

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

Identify work area with Asbestos Danger Ribbon, remove roofing utilizing hand tools & wet methods

XII. WASTE TRANSPORTER #1

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name: RES Inc

Address: 1041 CR 549

City: Ripley

State: MS

Zip: 38663

Contact Person: Shea Mask

Tel: 1-888-839-2830

XIII. WASTE DISPOSAL SITE

Name: Northeast MS regional Landfill

Address: 2941 Co Rd 302

City: Walnut

State: MS

Zip: 38683

Tel: 662-223-5445

XIV. 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):

XV. 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:

XVI. 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:

Cease work, clean utilizing wet methods & HEPA Vacuums, Notify MDEQ for further Action.

XVII. 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.

Jason Cochran
Type or Print Name

[Signature]
(Signature of Owner/Operator)

03/08/2021
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jason Cochran
Type or Print Name

[Signature]
(Signature of Owner/Operator)

03/08/2021
(Date)