

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 12-6-22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <i>OR</i>			
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: MCADAMS HIGH SCHOOL			
Address: 6315 CO RD 4167			
City: SALLIS	State: MS	Zip: 39160	
Site Location: BLDG C		Tel: 662-289-2689	
Building Size: 15000 SF	# of Floors: 1	Age in Years: 65 +/-	
Present Use: HIGH SCHOOL	Prior Use: HIGH SCHOOL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: ATTALA COUNTY SCHOOL DISTRICT			
Address: 100 COURTHOUSE BUILDING, SUITE 3			
City: KOSCIUSKO	State: MS	Zip: 39090	
Contact: CHRISTIE MOODY		Tel: 662-289-2801	
ASBESTOS REMOVAL CONTRACTOR: GULF SERVICES CONTRACTING, INC.			
Address: 5000 RANGELINE ROAD			
City: MOBILE	State: AL	Zip: 36619	
Contact: David Sean Brandon		Tel: 251-443-8161	
Certification Number: ABC-00001674		Expiration Date: 04/1/2023	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES			
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 2-8-22	
Inspector: ANDREW P. WILSON	Certification Number: ABI-00011014	Expiration Date: 8/11/22	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
PLM METHOD, MULTIPLE SAMPLES TAKEN THROUGH OUT THE ENTIRE BLDG.			
VII. QUANTITY OF RACM TO BE REMOVED: ENTIRE WINDOW UNIT WHICH INCLUDES CAULK & GLAZE			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: APPROX 24 UNITS		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/26/2022		Complete: 12/30/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

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

ABATEMENT OF WINDOWS TO BE REMOVED PER SPECIFICATION

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

NEGATIVE PRESSURE, WET METHODS, FULL CONTAINMENT

XIII. WASTE TRANSPORTER #1

Name: Waste Management

Address: 429 Fenwick St.

City: Kosciusko

State: MS

Zip: 39090

Contact Person: Terry

Tel: 662-458-4565

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Waste Management-Clearview Landfill

Address: 2253 Mudline Rd.

City: Lake

State: MS

Zip: 39092

Contact Person: Michael Eidt

Tel: 601-536-3240

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, TEST MATERIALS. NOTIFY OWNER & MDEQ.

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.

JONATHAN VALLE

Jonathan Valle

Digital signed by Jonathan Valle
CN=Jonathan Valle, O=emslwep@state.ms.us
Date: 2022.07.11 11:52:02-0500

12/6/22

Type or Print Name

(Signature of Owner/Operator)

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JONATHAN VALLE

Jonathan Valle

Digital signed by Jonathan Valle
CN=Jonathan Valle, O=emslwep@state.ms.us
Date: 2022.07.11 11:52:02-0500

12/6/22

Type or Print Name

(Signature of Owner/Operator)

(Date)