

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 1-6-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
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: Wechsler School				
Address: 2015 15th street				
City: Meridian		State: MS	Zip: 39301	
Site Location: Wechsler School				
Building Size: 65,340 sq ft		# of Floors: 2	Age in Years: 1894	
Present Use: Vacant		Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Wechsler School Foundation				
Address: 1415 30th Ave				
City: Jackson		State: MS	Zip: 39301	
Contact: Ed Lynch		Tel: 601 513-8621		
ASBESTOS REMOVAL CONTRACTOR: Forrest Construction LLC				
Address: 591 Raymond Rd				
City: Jackson		State: MS	Zip: 39204	
Contact: Richard or Darius Forrest		Tel: 601 720-7281 or		
Certification Number: ABC-00008477		Expiration Date: 7/9/23		
OTHER OPERATOR: J&S Contractors				
Address: 9301 Hwy 19 W / P.O Box 6				
City: Collinsville, MS		State: MS	Zip: 39325	
Contact: Kenneth D. Joyner		Tel: 601 626-8318		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): (X) Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date:		
Inspector: Alfred Martin Jr EMP		Certification Number: AB1-1570	Expiration Date: 3/12/22	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Lab tests, pcm technique, plm technique				
VII. QUANTITY OF RACM TO BE REMOVED:				
exterior caulking/windows				
Pipes (LN FT):	Surface Area (SQ FT): 8,000 sqft	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: ✓		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 01/19/23		Complete: 3/19/23		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/19/23		Complete: 06/19/23		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
utility knife, razor scraper, spray bottle water, polythene sheeting, waste bags
personal protective equipment negative air machine

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
poly doors, and windows, build an containment

XIII. WASTE TRANSPORTER #1

Name: Forrest Construction LLC
Address: 591 Raymond rd
City: Jackson State: MS Zip: 39204
Contact Person:

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person:

XIV. WASTE DISPOSAL SITE

Name: Clearview Landfill
Address: 2253 mudline rd
City: Meridian State: MS Zip: 39092
Contact Person: No name specific
Tel: 601 483-0715

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:
Call MDEA
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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Call MDEA

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.

Darius Forrest (Type or Print Name) [Signature] (Signature of Owner/Operator) 1/6/23 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darius Forrest (Type or Print Name) [Signature] (Signature of Owner/Operator) 1/6/23 (Date)