MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: □Email □Mail ☑Hand Delivery	Postmark (mai	nail only) Date Re		ceived	Al 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): Union Middle School									
Bldg. Name: Union Middle School									
Address: 115 James St									
City: Union		State: MS		_{Zip:} 39365					
Site Location: 115 James St, Union, MS			_{Tel:} 601-774-5303						
Building Size: 25,000 sf		# of Floors: 1		Age in Years: 70 +/-					
Present Use: School	Prior Use: School								
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)									
OWNER NAME: Union Public School District									
Address: 4717 South Decatur St									
City: Union	State: MS		Zip: 39365						
Contact: Dr Tyler C Hansford			_{Tel:} 601-774-9579						
ASBESTOS REMOVAL CONTRACTOR: Jeff Evans, Inc d/b/a Eagle Construction									
Address: 1450 Old Brandon Rd									
City: Flowood	State: MS		Zip: 39232						
Contact: Chuck Womack			_{Tel:} 601-940-5411						
Certification Number: ABC-1799	Expiration		on Date: 3/4/2023						
OTHER OPERATOR: Traxler Construction, LLC									
Address: 326 Main Avenue S									
_{City:} Magee		State: MS		_{Zip:} 39111					
Contact: Ashley Traxler			_{Tel:} 601-439-7177						
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):									
WAS ASBESTOS PRESENT? (Yes/No): Yes Inspe			Inspection	tion Date: 8/31/2022					
Inspector: Willie Nester Certification Number: ABI-2244 Expiration Date: 1/19/2023									
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:									
Window caulk/putty PLM									
VII. QUANTITY OF RACM TO BE REMOVED: 1,000 If caulk									
Pipes (LN FT): Surface Area (SQ FT): Volume of Facility Components (CU FT):					mponents (CU FT):				
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A									
Category I: Category II: 2/15/2022									
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/15/2023 Complete: 2/22/2023									
x. scheduled dates demo/renovation (MM/DD/YY) Start: 2/15/2023									

FEB 0 2 2023

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:								
Removal of asbestos containing materials with hand tools								
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:								
Stop work and notify competent person, keep wet, seal all critical barriers & put under negative pressure								
XIII. WASTE TRANSPORTER #1								
Name: ADS, Inc								
Address: P. O. Box 1296			·					
City: Clinton	State: MS		Zip: 39060-1296					
Contact Person: Mark Parkman			Tel: 601-925-0507					
WASTE TRANSPORTER #2								
Name: Eagle Construction								
Address: 1450 Old Brandon Rd								
City: Flowood	State: MS		_{Zip:} 39232					
Contact Person: Chuck Womack			Tel: 601-940-5411					
XIV. WASTE DISPOSAL SITE								
Name: Little Dixie Landfill								
Address: 1716 North County Line Rd								
_{City:} Ridgeland	State: MS		_{Zip:} 39157					
Contact Person:			Tel: 601-982-948	8				
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	CY, PLEASE ID	ENTIFY THE	AGENCY BELOW:					
Name:	ame: 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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:								
Stop work & notify owner, keep wet and double bag immediately								
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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.								
Chuck Womack	<u> </u>	$\sqrt{\lambda}$		2/2/2023				
Type or Print Name	(Signature of Ow	ner/Operator)		(Date)				
XIX, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECTED TO THE CORRECTED TO	φ <u>1:</u> β	12	longo	2/2/2023				
Type or Print Name	(Signature of Ov	vner/Operator)		(Date)				