

# 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 <span style="font-size: 1.2em; color: blue;">2-21-23</span>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer Renovation): <b>R</b>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: <b>HATLEY HIGH SCHOOL ATTENDANCE CENTER</b>			
Address: <b>60286 HATLEY RD</b>			
City: <b>AMORY</b>	State: <b>MS</b>	Zip: <b>38821</b>	
Site Location: <b>HATLEY HIGH SCHOOL ATTENDANCE CENTER BUILDING #9-A</b>			Tel: <b>662 256 4563</b>
Building Size: <b>NA</b>	# of Floors: <b>1</b>	Age in Years: <b>30+</b>	
Present Use: <b>SCHOOL</b>	Prior Use: <b>SCHOOL</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: <b>MONROE COUNTY SCHOOL DISTRICT</b>			
Address: <b>P.O BOX 209</b>			
City: <b>AMORY</b>	State: <b>MS</b>	Zip: <b>38800</b>	
Contact:			Tel: <b>662 234 3271</b>
ASBESTOS REMOVAL CONTRACTOR: <b>1-SOURCE SERVICES</b>			
Address: <b>1807 BARTLETT RD #A</b>			
City: <b>MEMPHIS</b>	State: <b>TN</b>	Zip: <b>38134</b>	
Contact: <b>JAIRO ORTEZ</b>			Tel: <b>901 626 3301</b>
Certification Number: <b>ABC-00010450</b>		Expiration Date: <b>JUN 3rd 2023</b>	
OTHER OPERATOR: <b>NA</b>			
Address:			
City:	State:	Zip:	
Contact:			Tel:
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <span style="color: blue;">yes</span>			
WAS ASBESTOS PRESENT? (Yes/No): <b>YES</b>		Inspection Date: <b>10-19-2022</b>	
Inspector: <b>RON ROBINSON</b>	Certification Number: <b>ABI-0001499</b>	Expiration Date: <span style="color: blue;">21</span> <b>2/01/2023</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>SITE WAS SURVEYED, BULK SAMPLES TAKEN &amp; TESTED UNDER PLM</b>			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>13 windows 3ftx5ft 195sf</b>			
Category I:		Category II: <b>window glaze/caulking 195sf</b>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3-11-2023</b>		Complete: <b>3-18-2023</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>NA</b>		Complete:	

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

NA

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

WINDOWS WILL BE REMOVED INTACT AS POSSIBLE USING HAND TOOLS. WETTED WITH AIRLESS APPLICATION BARRICADE TAPE, DROP CLOTH, WEARING SUITS AND RESPIRATORS. AFTER WINDOW IS REMOVED IT WILL BE WRAPPED USING 6MIL POLY THEN TAKEN TO CONTAINER ON SITE THAT IS PROPERLY LINED FOR DISPOSAL

**XIII. WASTE TRANSPORTER #1 RES**

Name (RES) Resourceful Environmental Services

Address: 1041 CR-549 P.O Box 598

City Ripley State MS Zip 38663

Contact Person Shea Mask Tel 662 882 3853

**WASTE TRANSPORTER #2 NA**

Name:

Address:

City State Zip

Contact Person Tel

**XIV. WASTE DISPOSAL SITE**

Name Three Rivers

Address 1904 MS-76

City Pontotoc State MS Zip 38863

Contact Person Shea Mask Tel 662 882 3853

**XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

Name NA 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

NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden


NA

**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**

UPGRADE WORK AREA IF NECESSARY AND NOTIFIED 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.**

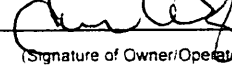
Jairo Ortez  
Type or Print Name

  
(Signature of Owner/Operator)

2/21/2023  
(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Jairo Ortez  
Type or Print Name

  
(Signature of Owner/Operator)

2/21/2023  
(Date)