

# 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 9/23/2024	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>Wilkinson County Health Department Building</b> Address: <b>991 1st South Street</b> City: <b>Woodville</b> State: <b>MS</b> Zip: <b>39669</b> Site Location: <b>Vinyl tile &amp; mastic throughout building</b> Tel: <b>601 888-4202</b> Building Size: <b>N/A</b> # of Floors: <b>1</b> Age in Years: <b>50+</b> Present Use: <b>Health department</b> Prior Use: <b>Health department</b>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: <b>Wilkinson County Board of Supervisors</b> Address: <b>525 Main street</b> City: <b>Woodville</b> State: <b>Mississippi</b> Zip: <b>39669</b> Contact: <b>No specific person</b> Tel: <b>601.693.1683</b>			
ASBESTOS REMOVAL CONTRACTOR: <b>Forrest Construction LLC</b> Address: <b>591 raymond rd</b> City: <b>Jackson</b> State: <b>MS</b> Zip: <b>39204</b> Contact: <b>Darius Forrest</b> Tel: <b>(601) 720-5684</b>			
Certification Number: <b>ABC-00008477</b>		Expiration Date: <b>8/3/25</b>	
OTHER OPERATOR: <b>HOPKINS CONSTRUCTION &amp; MAINTENANCE</b> Address: <b>19197 Commission Rd</b> City: <b>Long beach</b> State: <b>Ms</b> Zip: <b>39560</b> Contact: <b>Joey Hennessey</b> Tel: <b>9857266952</b>			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>			
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>		Inspection Date: <b>7/25/23</b>	
Inspector: <b>John Reid</b>		Certification Number: <b>ABI-00003513</b> Expiration Date: <b>01/19/25</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>lab tests, pcm technique, plm technique Vinyl tile &amp; mastic throughout building</b>			
VII. QUANTITY OF RACM TO BE REMOVED: <b>Vinyl tile &amp; mastic throughout building 2,300 sq ft</b>			
Pipes (LN FT):		Surface Area (SQ FT): <b>2,300</b>	Volume of Facility Components (CU FT):
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category I: <b>X</b> Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>10/7/24</b>		Complete: <b>11/7/24</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>11/7/24</b>		Complete: <b>12/7/24</b>	

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

Utility knife, razor scraper, spray bottle, poly sheeting, waste bags, personal protective, negative air

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

Water, build an containment for clean room

**XIII. WASTE TRANSPORTER #1**

Name: forrest construction llc

Address: 591 raymond rd

City: Jackson

State: Ms

Zip: 39204

Contact Person: Darius Forrest

Tel: (601) 720-5684

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Clearview landfill

Address: 2253 mudline road lake

City: Lake

State: Ms

Zip: 39092

Contact Person: None specific

Tel: 6015363240

**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 mdeq

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:**

Call 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.**

Darius Forrest

Type or Print Name

(Signature of Owner/Operator)

9/23/24

(Date)

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

Darius Forrest

Type or Print Name

(Signature of Owner/Operator)

9/23/24

(Date)