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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 (mail only)	Date Received 4/30/2025	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) ER

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: HARRISON COUNTY COURTHOUSE

Address 1801 23RD AVENUE

City: GULFPORT	State: MS	Zip: 39502	County: HARRISON
Site Location: 1ST FLOOR		Tel: 228-867-0136	
Building Size 69,000 SQ. FT.	# of Floors: 2	Age in Years: 48	
Present Use: COURTHOUSE	Prior Use: COURTHOUSE		

IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)

OWNER NAME: HARRISON COUNTY

Address: 1801 23RD AVENUE			
City: GULFPORT	State: MS	Zip: 39502	
Contact: CHRIS ATHERTON		Tel: 228-861-3386	

ASBESTOS REMOVAL CONTRACTOR: WILLIAM S. FOLKS, GUARANTEE ENVIRONMENTAL SERVICES, LLC

Address: 16248 PERKINS ROAD			
City: BATON ROUGE	State: LA	Zip: 70810	
Contact: SHANNON RIVETT		Tel: 225-753-8682 EXT. 227	
Certification Number: ABC-00011409		Expiration Date: 07/18/2025	

OTHER OPERATOR: GUARANTEE RESTORATION SERVICES, LLC

Address: 16248 PERKINS ROAD			
City: BATON ROUGE	State: LA	Zip: 70810	
Contact: DARRICK SHANK		Tel: 225-753-8682	

V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES

WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 4/15/25
Inspector: DILLON PEARSON	Certification Number:	Expiration Date:

VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

samples were taken of drywall, joint compound on 2nd floor and were negative. Samples of were taken of vinyl plank floor, VACT & mastic on the 1st floor and sent to eurofins lab where they used polarized light method for testing. See report analysis for details. Vinyl plank floor, VACT and mastic were all positive for asbestos.

VII. QUANTITY OF RACM TO BE REMOVED: 25 cu. yds. 15,035 sq. ft. of flooring & mastic

Pipes (LN FT):	Surface Area (SQ FT): 15035	Volume of Facility Components (CU FT):

VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: n/a

Category I:	Category II:

IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/12/25 Complete: 5/26/25

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

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

utilize wet removal techniques to keep materials wet so there is no airborne release

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

Double bag asbestos, wet methods, enviromental controls utilizing HEPA filtered air scrubbers in containment area.

XIII. WASTE TRANSPORTER #1

Name: Waste Pro USA

Address: 4205 Beasley Road

City: Gautier	State: MS	Zip: 39553
Contact Person: Renee		Tel: 228-818-5393

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	Zip:
Contact Person:		Tel:

XIV. WASTE DISPOSAL SITE

Name: Pecan Grove Landfill-Waste Management of MS, Inc.

Address: 9685 Firetower Road

City: Pass Christian	State: MS	Zip: 39571
Contact Person: Sam Williams		Tel: 228-475-9750

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): 04/10/25 5:00 pm

Description of the sudden unexpected event:

courthouse flooded from 2nd floor clean water source bathroom down to the 1st floor

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

Please see 3rd page.

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, verify suspect material is RACM or not, obtain additional permits if necessary

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.

Shannon Rivett		4/17/25
Type or Print Name	(Signature of Owner/Operator)	(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Shannon Rivett		4/17/25
Type or Print Name	(Signature of Owner/Operator)	(Date)