

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)
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) D			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) 5 Residences with 3 out buildings			
Bldg. Name: 200 Block S. 31 / S.30 th Ave			
Address 208 S. 31st / 212 S.31st / 201 S. 30th / 203 S. 30th / 207 S. 30th			
City: Hattiesburg	State: MS	Zip: 39402	
Site Location:		Tel:	
Building Size 8,500 SF	# of Floors: 1	Age in Years: 75	
Present Use: Vacant	Prior Use: Residential		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: DFBB, LLC			
Address: 1 Willow Bend Drive			
City: Hattiesburg	State: MS	Zip: 39402	
Contact: Josh Ladner	601-543-4015	Tel: 601-264-2015	
REMOVAL CONTRACTOR Specialty Abatement Services, Inc.			
Address: PO Box 15925			
City: Hattiesburg	State: MS	Zip: 39404	
Contact: William H. Stamps	Tel: 601-264-5550		
OTHER OPERATOR: Josh Ladner			
Address: 23 Pirate Drive			
City: Hattiesburg	State: MS	Zip: 39402	
Contact: Josh Ladner	601-543-4015		
V. IS ASBESTOS PRESENT? (Yes/No) Yes - Transite & 9x9 floor tile/mastic			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):			
Anthony Bryant 8/8/19 PLM & EPA 400 Point Counts Environmental Hazards Services -			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed	RACM To Be Removed	Category I	Category II
2. Category I ACM Not Removed			
3. Category II ACM Not Removed			
Pipes			Ln Ft: Ln M:
Surface Area	10,250		Sq Ft: X Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/4/19		Complete: 9/13/19	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/4/19		Complete: 9/30/19	

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

Removal of ACM transite and VAT&M . Prior to demolition

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

All ACM will Wetted and manually removed . Waste will be placed in clear , labeled , poly bags and a placed in properly lines container for disposal.

XII. WASTE TRANSPORTER #1

Name: Specialty Abatement Services , Inc.

Address: PO Box 15925

City: Hattiesburg

State: MS

Zip: 39404

Contact Person: William H. Stamps

Tel: 601-264-5550

WASTE TRANSPORTER #2

Name: JRL Inc.

Address: 23 Pirate Dr.

City: Hattiesburg

State: MS

Zip: 39402

Contact Person: Josh Ladner

Tel: 601-543-4015

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Landfill

Address: Hwy 29 N.

City: Runnelstown

State: MS

Zip: 39465

Tel: 601-545-6676

XIV. 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):

XV. 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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

All work will stop. MDEQ will be notified.

XVII. 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.

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

8/21/19

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Anthony Bryant

Type or Print Name

(Signature of Owner/Operator)

8/21/19

(Date)