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

RECEIVED SEP 25 2019 Dept. of Environmental Quality

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

Bldg. Name: Pinehaven Apts

Address 118 College Dr

City: Hattiesburg	State: MS	Zip: 39401
Site Location:		Tel: 6012708179
Building Size 10 Residential Apt Buildings	# of Floors: 2	Age in Years: over 30
Present Use: Vacant	Prior Use: Married Housing	

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

OWNER NAME: University of Southern Mississippi

Address: 118 College Dr

City: Hattiesburg	State: MS	Zip: 39401
Contact: Charles Anderson		Tel: 6012708179

REMOVAL CONTRACTOR Abatement Contractors of Mississippi, Inc

Address: 761 Weathersby Rd

City: Hattiesburg	State: MS	Zip: 39402
Contact: Charles Anderson Jr		Tel: 6012708179

OTHER OPERATOR:

Address:

City:	State:	Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No) Yes

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

Joey Venus inspected 2018/2019

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	see	attachment		LnFt:	Ln M:
Surface Area	for	materials		SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/4/19 Complete: 7/26/20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/4/19 Complete: 7/26/20

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

remove asbestos containing materials then demolish using trackhoe

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

Remove asbestos using wet method, Negative air, and partial containment

XII. WASTE TRANSPORTER #1

Name: Abatement Contractors of Mississippi, Inc

Address: 761 Weathersby Rd

City: Hattiesburg | State: MS | Zip: 39402

Contact Person: Charles Anderson Jr | Tel: 6012708179

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Solid Waste

Address: 5274 MS-29

City: Ovett | State: MS | Zip: 39464

Tel: 6015456676

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop Work Notify owner and DEQ

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.

Charles W Anderson Jr — Type or Print Name

(Signature of Owner/Operator)

9/18/19 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles W Anderson Jr — Type or Print Name

(Signature of Owner/Operator)

9/18/19 — (Date)