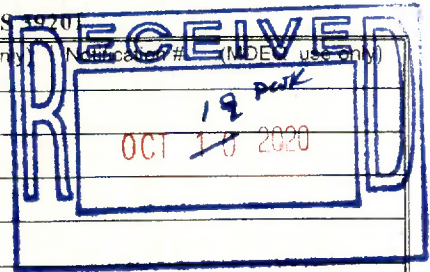


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) <span style="float: right;">O</span>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demc R=Renovation E=Emer. Renovation) <span style="float: right;">D</span>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <u>Old House</u>					
Address: <u>103 Lorraine St</u>					
City: <u>Hattiesburg</u>		State: <u>MS</u>		Zip: <u>39401</u>	
Site Location:		Tel: <u>601-270-8179</u>			
Building Size: <u>Approx 2000 sq ft</u>		# of Floors: <u>1</u>		Age in Years: <u>over 30</u>	
Present Use: <u>Vacant</u>		Prior Use: <u>House</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>Jones Company LLC</u>					
Address:					
City: <u>Hattiesburg</u>		State: <u>MS</u>		Zip: <u>39402</u>	
Contact: <u>Nakia Fountaubery</u>		Tel: <u>601 441 2112</u>			
REMOVAL CONTRACTOR: <u>Abatement Contractors of MS Inc</u>					
Address: <u>761 Weathers By Rd</u>					
City: <u>Hattiesburg</u>		State: <u>MS</u>		Zip: <u>39402</u>	
Contact:					
OTHER OPERATOR: <u>Demo Also Done by Removal Contractor</u>					
Address:					
City:		State:		Zip:	
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <span style="float: right;">NO</span>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<u>Paul Anderson</u> <span style="float: right;">PLM</span>					
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				Ln Ft:	Ln M:
Surface Area				Sq Ft:	Sq M:
Vol RACM Off Facility Component:				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>10-30-20</u>			Complete: <u>12-30-20</u>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>10-30-20</u>			Complete: <u>12-30-20</u>		

None Detected

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

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

wet method ~~and~~ once Asbestos is Removal/Demo

XII. WASTE TRANSPORTER #1

REMOVAL Contractor to Haul

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Pine Belt Solid Waste

Address:

City:

Quett

State:

MS

Zip:

Tel:

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop Work notify Owner/PER

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 Anderson

(Signature of Owner/Operator)

10-15-20 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles Anderson

(Signature of Owner/Operator)

10-15-20 (Date)