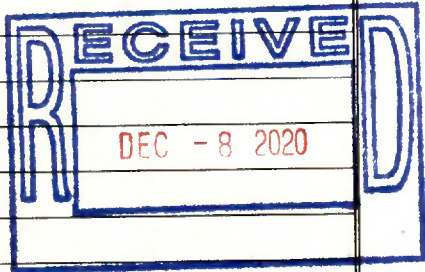


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) HOUSE					
Bldg. Name: NONE					
Address 12465 CANAL RD.					
City: GULFPORT	State: MS	Zip: 39505			
Site Location: GULFPORT		Tel:			
Building Size 3200 SF	# of Floors: 1	Age in Years: >50			
Present Use: VACANT	Prior Use: BUSINESS				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: D & J PROPERTIES					
Address: 14046 BIG CREEK RD.					
City: GULFPORT	State: MS	Zip: 39503			
Contact:		Tel:			
REMOVAL CONTRACTOR: JOHN REID DBA REID ABATEMENT					
Address: 1621 CLEARVIEW CIRCLE					
City: COLUMBIA	State: MS	Zip: 39429			
Contact: JOHN REID		Tel: 601 441 5290			
OTHER OPERATOR: TWIN L CONSTRUCTION, INC.					
Address: 8292 FIRETOWER ROAD					
City: PASS CHRISTIAN	State: MS	Zip: 39571			
Contact: RICHARD LADNER		Tel:			
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):					
ATTACHED REPORT					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed	0	0	0	LnFt:	Ln M:
2. Category I ACM Not Removed				SqFt: X	Sq M:
3. Category II ACM Not Removed				CuFt:	Cu M:
Pipes	0	0	0		
Surface Area	3200	0	0		
Vol RACM Off Facility Component		0			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/14/2020 Complete: 12/16/2020					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/14/2020/ Complete:					



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

REMOVE ASBESTOS FLOORING, DEMO BUILDING

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

WET METHOD

XII. WASTE TRANSPORTER #1 **ASBESTOS**

Name: **JOHN REID**

Address: **1621 CLEARVIEW CIRCLE**

City: **COLUMBIA**

State: **MS**

Zip: **39429**

Contact Person: **JOHN REID**

Tel: **601 441 5290**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE **ASBESTOS**

Name: **MACLAND DISPOSAL**

Address: **11300 MS 63,**

City: **MOSSPOINT**

State: **MS**

Zip: **39562**

Tel: **228 475 9750**

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, CONTAIN AREA, CONTACT MDEQ AND OWNER

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Richard Laska

Richard Laska

12-3-2020

Type or Print Name

(Signature of Owner/Operator)

(Date)