

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received: 4.5.2022	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): D			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Vacent House			
Bldg. Name:			
Address: 214 South 30st Ave			
City: Hattiesburg	State: MS	Zip: 39401	Tel: 6012708179
Site Location:		Building Size: Over 1500 S/f	# of Floors: 1
Present Use: Unoccupied		Age in Years: 30+	
Prior Use: House			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Jones Companies LLC			
Address: 6184 US-98			
City: Hattiesburg	State: MS	Zip: 39402	Tel: 6014412112
Contact: Nakia Fourtenberry			
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc.			
Address: 761 Weathersby Rd			
City: Hattiesburg	State: MS	Zip: 39402	Tel: 6012708179
Contact: Charles W Anderson Jr		Expiration Date: Oct-29-2022	
Certification Number: ABC-00003976		OTHER OPERATOR: Demolition Contractor SAME AS ASBESTOS CONTRACTOR	
Address:			
City:	State:	Zip:	Tel:
Contact:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 3/28/2022	
Inspector: Paul Anderson	Certification Number: ABI-00001686	Expiration Date: July-09-2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Flooring, Mastics, Drywall, Drywall texture, Roofing Felt, Roofing Shingles, Window Putty, Siding			
VII. QUANTITY OF RACM TO BE REMOVED: 750 s/f Floorcoverings			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: 750 S/F Floor Covering		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/20/2022		Complete: 5/30/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/24/2022		Complete: 6/15/2022	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Demolition of Structure Using Excavator, Wet with Water during Demolition to Control Dust

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

XIII. WASTE TRANSPORTER #1

Name: Abatement Contractors of Mississippi, Inc

Address: 761 Weathersby Rd

City: Hattiesburg

State: MS

Zip: 39402

Contact Person: Charles W Anderson Jr

Tel: 6012708179

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE (Asbestos)

Name: Pine Belt Solid Waste

Address: 5274 MS-29

City: Ovett

State: MS

Zip: 39464

Contact Person: Scalehouse

Tel: 6015452121

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):

Description of the sudden unexpected event:

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

XVII. 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:

Stop work notify owner and MSDEQ

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.

Charles W Anderson Jr

Type or Print Name



(Signature of Owner/Operator)

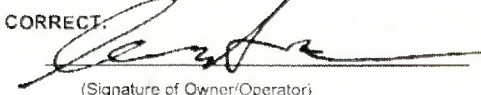
4/5/22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Charles W Anderson Jr

Type or Print Name



(Signature of Owner/Operator)

4/5/22

(Date)