

"Rev"

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 5.24.2022	Alt Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original Revised				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Demo				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Pinebrook Apartments				
Bldg. Name: Building #7				
Address: 109 Pineknoll Dr.				
City: Ridgeland		State: MS	Zip: 39157	
Site Location:			Tel:	
Building Size: 10,000 sf		# of Floors: 2	Age in Years: 40	
Present Use: Multi Family Housing		Prior Use: Multi Family Housing		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Pinebrook Apartments Ridgeland LLC				
Address: 4706 18th Ave				
City: Brooklyn		State: NY	Zip: 11204	
Contact: Jay Gottesman		Tel: 718-844-2263		
ASBESTOS REMOVAL CONTRACTOR: Eagle Construction				
Address: 1450 Old Brandon Rd				
City: Flowood		State: MS	Zip: 39232	
Contact: Chuck Womack		Tel: 601-940-5411		
Certification Number: ABC 1799			Expiration Date: March 4, 2023	
OTHER OPERATOR: Faircloth Demolition				
Address: P.O. Box 1296				
City: Clinton		State: MS	Zip: 39060	
Contact: Mark Parkman		Tel: 601-573-3762		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 5-9-22	
Inspector: Chuck Womack		Certification Number: ABI-00002432	Expiration Date: Nov. 12, 2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Drywall, Flooring/Linoleum, Exterior Siding, Window Chaulking and Shingle roofing				
RECEIVED				
MAY 19 2022				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 300	Volume of Facility Components (CU FT):	
DEPT. OF ENVIRONMENTAL QUALITY				
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: June 2, 2022 Complete: June 3, 2022				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: June 3, 2022 Complete: June 16, 2022				

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

Demo with trackhoe

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

Wet Demo

XIII. WASTE TRANSPORTER #1

Name: American Disposal Service

Address: P.O. Box 1296

City: Clinton

State: MS

Zip: 39060

Contact Person: Mark Parkman

Tel: 601-925-0507

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Asbestos: Little Dixie Landfill

Name: Faircloth Rubbish Landfill

1714 N. County Line Rd

Address: 1312 Springridge Rd

Ridgeland, MS 39157

City: Clinton

State: MS

Zip: 39056

Contact Person: Mark Parkman

Tel: 601-573-3762

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 - Call Asbestos Contractor

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.

Mark Parkman

Type or Print Name

(Signature of Owner/Operator)

(Date)

5/24/22

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Mark Parkman

Type or Print Name

(Signature of Owner/Operator)

(Date)

5/24/22