

**MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM**

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

(1) 2f

MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 6.25.2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>RENOVATION</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>THE PEOPLES BANK AND TRUST</b>				
Address: <b>750 HOWARD AVENUE</b>				
City: <b>BILOXI</b>		State: <b>MS</b>	Zip: <b>39530</b>	
Site Location: <b>THE PEOPLES BANK AND TRUST</b>				
Building Size:		# of Floors:	Age in Years:	
Present Use: <b>BANK</b>		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Peoples Bank</b>				
Address: <b>152 Lameuse Street</b>				
City: <b>Biloxi</b>		State: <b>MS</b>	Zip: <b>39530</b>	
Contact: <b>Swetman - President</b>				
ASBESTOS REMOVAL CONTRACTOR: <b>ANDERSON ENVIRONMENTAL SERVICES, INC.</b>				
Address: <b>783 HARRIS STREET</b>				
City: <b>JACKSON</b>		State: <b>MS</b>	Zip: <b>39202</b>	
Contact: <b>DARYL ANDERSON</b>				
Certification Number: <b>ABC-00002173</b>			Expiration Date: <b>10/22</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:				
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>8"x8" floor tile and mastic</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): <b>3070</b>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <b>2 layers of ** floor tile and mastic, 3070sf</b>				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>6/6/2022</b>			Complete: <b>6/10/2022</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>6/10/2022</b>			Complete: <b>6/10/2022</b>	

**RECEIVED**  
MAY 25 2022  
DEPT. OF ENVIRONMENTAL QUALITY

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

Renovation of the Bank

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

Area placed in minicontainments with barriers and signs, under negative pressure and by removing using the wet method

**XIII. WASTE TRANSPORTER #1**

Name: Waste Management

Address: 14339 Hudson Krohn Road

City: Biloxi

State: MS

Zip: 39532

Contact Person:

Tel: 228-392-0690

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Waste Management

Address: 14339 Hudson Krohn Road

City: Biloxi

State: MS

Zip: 39532

Contact Person:

Tel: 228-392-0690

**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:

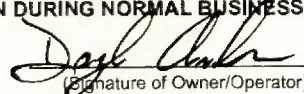
**XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

Halt all work and notify the proper authorities.

**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.**

Daryl Anderson

Type or Print Name

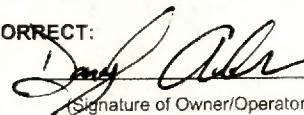
  
(Signature of Owner/Operator)

5/23/22  
(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Daryl Anderson

Type or Print Name

  
(Signature of Owner/Operator)

5/23/22  
(Date)