

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: <u>6.6.2022</u>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>O</u>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R</u>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: <u>KNIGHTS OF COLUMBUS HALL</u>			
Address: <u>315 MAIN ST.</u>			
City: <u>BAY ST. LOUIS</u>	State: <u>MS</u>	Zip: <u>39502</u>	
Site Location: <u>1ST & 2ND LEVEL FLOORS</u>		Tel: <u>985-867-4960</u>	
Building Size: <u>5,340 sf</u>	# of Floors: <u>2</u>	Age in Years: <u>75 +/-</u>	
Present Use: <u>HALL</u>	Prior Use: <u>HALL</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: <u>OLD TOWN, LLC</u>			
Address: <u>110 VETERANS BLVD., SUITE 525</u>			
City: <u>METAIRIE</u>	State: <u>LA</u>	Zip: <u>70005</u>	
Contact: <u>JOHN MOSS</u>		Tel:	
ASBESTOS REMOVAL CONTRACTOR: <u>GULF SERVICES CONTRACTING, INC.</u>			
Address: <u>5000 RANGELINE ROAD</u>			
City: <u>MOBILE</u>	State: <u>AL</u>	Zip: <u>36619</u>	
Contact: <u>JONATHAN VALLE</u>		Tel: <u>251-443-8161</u>	
Certification Number: <u>08574-MC</u>		Expiration Date: <u>7/8/2022</u>	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>NO</u>			
WAS ASBESTOS PRESENT? (Yes/No): <u>ASSUMED</u>		Inspection Date:	
Inspector:	Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT): <u>2,000</u>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <u>2,000 VCT</u>			
Category I: <u>VCT, MASTIC</u>		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>6/20/2022</u>		Complete: <u>6/27/2022</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

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

ABATEMENT & RENOVATION

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

NEGATIVE PRESSURE, WET METHODS, FULL CONTAINMENT

XIII. WASTE TRANSPORTER #1

Name: GULF SERVICES CONTRACTING, INC.
 Address: 5000 RANGELINE ROAD
 City: MOBILE State: AL Zip: 36619
 Contact Person: JONATHAN VALLE Tel: 251-443-8161

WASTE TRANSPORTER #2

Name: AMWASTE
 Address: 1000 S. LAWRENCE ST.
 City: MOBILE State: AL Zip: 36603
 Contact Person: JORDAN COLLINS Tel: 205-788-1400

XIV. WASTE DISPOSAL SITE

Name: TURKEY TROT LANDFILL
 Address: MANNISH RYAN ROAD
 City: CITRONELLE State: AL Zip: 36522
 Contact Person: JERRY COX Tel: 251-866-7877

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK, NOTIFY OWNERS, & MDEQ

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.

JONATHAN VALLE Jonathan Valle 6/6/2022
 Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JONATHAN VALLE Jonathan Valle 6/6/2022
 Type or Print Name (Signature of Owner/Operator) (Date)