

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 type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) 6.2.2022	Date Received 6.6.2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): 1st floor of the Storeroom				
Bldg. Name: Storeroom (first floor)				
Address: 105 F SCR 25				
City: Taylorsville		State: MS	Zip: 39168	
Site Location: Roseburg Forest Products Particleboard			Tel: 601.785.8450	
Building Size: 3,000 ft ²		# of Floors: 2	Age in Years: 50	
Present Use: Storeroom for parts		Prior Use: Maintenance Shop		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Roseburg Forest Products				
Address: 105 F SCR 25				
City: Taylorsville		State: MS	Zip: 39168	
Contact: Sarah Ghotbi			Tel: 601.785.8450 x64551	
ASBESTOS REMOVAL CONTRACTOR: Pearson Environmental Services, LLC				
Address: 106 Southpointe Drive				
City: Byram		State: MS	Zip: 39272	
Contact: Chris Pearson			Tel: 601.937.1186	
Certification Number: ABC-00005297			Expiration Date: 1/5/2023	
OTHER OPERATOR: NA				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 5/16/2022	
Inspector: Chris Pearson		Certification Number: ABI-00002023	Expiration Date: 1/5/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor tile and mastic. PLM ANALYSIS-NVLAP APPROVED LABORATORY				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): NA		Surface Area (SQ FT): 800	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/15/2022			Complete: 6/17/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/15/2022			Complete: 6/17/2022	

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

Floor tile in the front offices will be removed and then the floor will be cemented.

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

Containment set up enclosing identified ACM; negative pressure via HEPA filtered. Air scrubber; wet method removal and material removal bagged and hauled to appropriate landfill

XIII. WASTE TRANSPORTER #1

Name: Pearson Environmental

Address: 106 Southpointe Drive

City: Byram

State: MS

Zip: 39272

Contact Person: Chris Pearson

Tel: 601.937.1186

WASTE TRANSPORTER #2 NA

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 County Line Road

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Mike Raley

Tel: 601.613.8671

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: NA

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS: NA

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:

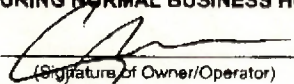
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Work will stop; apply amended water to material, containment set for material additional air monitoring

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.

Chris Pearson

Type or Print Name


(Signature of Owner/Operator)

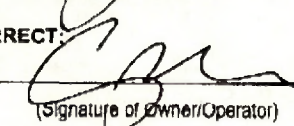
6.2.2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name


(Signature of Owner/Operator)

6.2.2022

(Date)