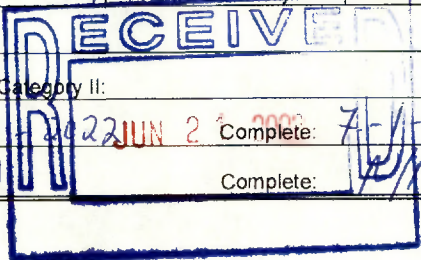


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) 6/17/22	Date Received 6/21/22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Revised				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: House / Childcare Center				
Address: 108 Valley Drive				
City: Petal		State: MS	Zip: 39465	
Site Location: Same			Tel:	
Building Size: 1500sf		# of Floors: 1	Age in Years: Over 20	
Present Use: Childcare Center		Prior Use: N/A		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Kim Nobles				
Address: 104 Valley Drive				
City: Petal		State: MS	Zip: 39465	
Contact: Kim Nobles			Tel: 601 310-5839	
ASBESTOS REMOVAL CONTRACTOR: ABATEMENT PRO'S				
Address: 10 Dottie Lane				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: LEE M. Roberts			Tel: 601 408-5558	
Certification Number: ABC-00011371		Expiration Date: 1-03-2023		
OTHER OPERATOR:				
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: April 29th, 2022	
Inspector: BONNER ANALYTICAL Robert Pearson		Certification Number: ABI-00006463		Expiration Date: 2-15-2023
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Ceramic and floor tiles - sheetrock ceilings and walls . .				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT): 250 sf each		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: 6-30-2022 Complete: 7-1-2022				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete: N/A				



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

Decom - Negative Air pressure machine - plaster sheeting - ACM bags - all material web
 and put in non leak ACM bags double bagged sub sealed and duct taped. with ACM signed stickers

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

Wet method
 Use plastic sheeting to isolate clearways and cover floor registers, vents and other surfaces
 to prevent contamination from asbestos fibers. keep tiles and sheetrock wet during removal. keep area sorted
 before & during removal. Use fine floor scrapers & hand tools. Place all asbestos debris in ACM bags into geotextile

XIII. WASTE TRANSPORTER #1

Name: ABATEMENT PRO'S

Address: 10 Dottie Lane

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: LEE M. Roberts

Tel: 601) 408 - 5558

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE Pine Belt Regional Waste Management

Name: Pine Belt Regional Waste Management

Address: 5274 MS-29

City: Ovett

State: MS

Zip: 39464

Contact Person:

Tel: 601) 545-2121

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

Name: N/A

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

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.

Lee M. Roberts

Type or Print Name

Lee M. Roberts

(Signature of Owner/Operator)

6-16-2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lee M. Roberts

Type or Print Name

Lee M. Roberts

(Signature of Owner/Operator)

6-16-2022

(Date)