



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 1-6-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Carthage Inn Motel				
Address: 711 MS Highway 16 E				
City: Carthage		State: MS	Zip: 39051	
Site Location: throughout building			Tel: 601-750-2224	
Building Size: 11,500		# of Floors: 1	Age in Years: 60	
Present Use: vacant		Prior Use: motel		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: BAJR Hospitality, LLC.				
Address: 128 W. Franklin Street				
City: Carthage		State: MS	Zip: 39051	
Contact: Brent Frederick			Tel: 601-751-2224	
ASBESTOS REMOVAL CONTRACTOR: Hernandez Demolition & Remediation, LLC.				
Address: 19 Minor Hill Road				
City: Hartselle		State: AL	Zip: 35640	
Contact: Michael J. Brown			Tel: 251-379-7038	
Certification Number: ABC-00001670			Expiration Date: 02/25/23	
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: 12/11/2022	
Inspector: Melvin Aycock		Certification Number: ABI-00001572	Expiration Date: 03/22/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: floor tile, tile mastic, sheetrock, joint compound, door caulk, window caulk, carpet mastic, wiring insulation, cement board vent pipe, stucco, ceramic tile grout, ceiling tile, insulation, window putty/glazing compound, sheet vinyl, wood plank, & HVAC insulation				
VII. QUANTITY OF RACM TO BE REMOVED: floor tile, mastic, transite vent pipe, & window putty/glazing compound				
Pipes (LN FT):		Surface Area (SQ FT): 10,000	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: 01/23/23			Complete: 01/31/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/01/22			Complete: 03/30/23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: renovation of motel after asbestos abatement & selective demolition		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Wet methods & negative pressure containment.		
XIII. WASTE TRANSPORTER #1		
Name: Waste Pro		
Address: 200 Braxton Avenue		
City: Meridian	State: MS	Zip: 39301
Contact Person: Michael Kuntz		Tel: 601-319-4116
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: Kemper County Landfill		
Address: 21211 Highway 16 West		
City: DeKalb	State: MS	Zip: 39328
Contact Person: Michael Kuntz		Tel: 601-319-4116
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 in area. Clean up area as necessary. Test material. Notify owner & MSEQ of any changes.		
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.		
Michael J. Brown		01/06/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Michael J. Brown		01/06/23
Type or Print Name	(Signature of Owner/Operator)	(Date)