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MAP

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 2-16-23	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: 522 Main			
Address: 522 Main St			
City: Hattiesburg	State: MS	Zip: 39401	
Site Location: Hattiesburg MS	Tel: 6012708179		
Building Size: Approx 12000 S/F	# of Floors: 2	Age in Years: approx 100	
Present Use: Unoccupied	Prior Use: Shopping and Office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: 522 Main Street Hattiesburg LLC.			
Address: 522 Main St			
City: Hattiesburg	State: MS	Zip: 39401	
Contact: Charles W Anderson Jr	Tel: 6012708179		
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc			
Address: 761 Weathersby Rd			
City: Hattiesburg	State: MS	Zip: 39402	
Contact: Charles W Anderson Jr	Tel: 6012708179		
Certification Number: ABC-00003976	Expiration Date: 11/10/23		
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: 10/24/22	
Inspector: Paul D Anderson	Certification Number: ABI-00001686	Expiration Date: 7/24/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Plaster, Misc Adhesives, TSI insulation, Misc Floor coverings			
PLM Test Method			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT): approx 150 l/f	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I: Approx 5500 s/f Tile and Mastic	Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/6/23		Complete: 4/28/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/1/23		Complete: 3/1/24	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Removal of Flooring materials and Pipe wrap for future renovations, Partial Containment, Neg Air Units, Water and Bagging

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Water misting, Partial Containment, Negative Air Machines

XIII. WASTE TRANSPORTER #1

Name: Abatement Contractors of Mississippi, Inc

Address: 761 Weathersby Rd

City: Hattiesburg

State: MS

Zip: 39402

Contact Person: Charles W Anderson Jr

Tel: 6012708179

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional Solid Waste Landfill

Address: 5274 MS-29

City: Overt

State: MS

Zip: 39464

Contact Person:

Tel: 6015452121

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 Owner, 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.

Charles W Anderson Jr

Type or Print Name

(Signature of Owner/Operator)

2/15/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Charles W Anderson Jr

Type or Print Name

(Signature of Owner/Operator)

2/15/23

(Date)