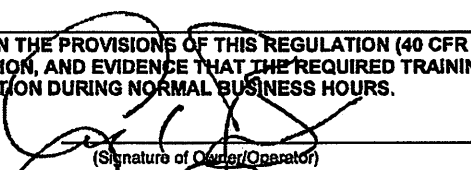



Rev

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 3-10-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residence				
Address: 4037 Hwy 51				
City: Wesson		State: MS	Zip: 39191	
Site Location: 4037 Hwy 51 4037 Hwy 51			Tel:	
Building Size: 2,200 SF		# of Floors: 1	Age in Years: 75+	
Present Use: Vacant		Prior Use: Residence		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Dorsey Development Companies LLC				
Address: 3636 N. Causeway Blvd., STE 200				
City: Metairie		State: LA	Zip: 70002	
Contact: Greg Bivin		Tel: 504-593-0400		
ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.				
Address: PO Box 15925				
City: Hattiesburg		State: MS	Zip: 39404	
Contact: William H. Stamps		Tel: 601-264-5550		
Certification Number: ABC-00001660			Expiration Date: 1/19/2024	
OTHER OPERATOR: Owner				
Address:				
City:		State: MS	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <input checked="" type="radio"/> Yes				
WAS ASBESTOS PRESENT? (Yes/No): <input checked="" type="radio"/> Yes			Inspection Date: 1/27/2023	
Inspector: Brad McKnight		Certification Number: ABI-00001685	Expiration Date: 6/10/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Roofing, Siding, Caulking, Vinyl Flooring, Carpet, padding, Counter Top Adhesives, Ceiling tiles, Refractory Brick, Insulation , Gyp Board with Joint Compound,				
Sample collection and PLM Analysis				
VII. QUANTITY OF RACM TO BE REMOVED: Transite siding				
Pipes (LN FT):	Surface Area (SQ FT): 1,848 SF		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: 3/22/23			Complete: 3/31/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/22/23			Complete: 3/31/23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Removal of transite siding using manual wet methods prior to demoliton by others.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
All ACM will Watted and removed . Waste will be placed in clear , labeled , poly bags and a placed in properly lined container for disposal.		
XIII. WASTE TRANSPORTER #1		
Name: Specialty Abatement Services, Inc.		
Address: PO Box 15925		
City: Hattiesburg	State: MS	Zip: 39404
Contact Person: William H. Stamps	Tel: 601-264-5550	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Pine Belt Regional Landfill		
Address: Hwy 29 N.		
City: Runnelstown	State: MS	Zip: 39465
Contact Person: James A. "Tony" Harrison, MBA	Tel: 601-545-6676	
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 ASTESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
All work will stop. MDEQ will be notified.		
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.		
Anthony Bryant		3/9/23
Type or Print Name	(Signature of Operator/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Anthony Bryant		3/9/23
Type or Print Name	(Signature of Owner/Operator)	(Date)