

# 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 3-31-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>R</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>Cloverdale Apartments</b>				
Address: <b>86 and 65 Cloverdale Acres</b>				
City: <b>Brookhaven</b>		State: <b>MS</b>	Zip: <b>39601</b>	
Site Location: <b>Brookhaven</b>			Tel:	
Building Size: <b>3 bedroom, approx 920 sq ft</b>		# of Floors: <b>1</b>	Age in Years:	
Present Use: <b>residential housing</b>		Prior Use: <b>residential housing</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>The Housing Authority of the city of Brookhaven</b>				
Address: <b>504 Brookman Drive</b>				
City: <b>Brookhaven</b>		State: <b>MS</b>	Zip: <b>39601</b>	
Contact: <b>Jeffery Adams</b>			Tel: <b>601-833-1781</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Southeast Environmental Group, Inc.</b>				
Address: <b>P.O. Box 433/ 296B 2nd Ave</b>				
City: <b>York</b>		State: <b>AL</b>	Zip: <b>36925</b>	
Contact: <b>Bertha Rodgers</b>			Tel: <b>205-392-9308</b>	
Certification Number: <b>ABC-00001906</b>			Expiration Date: <b>05/10/2023</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>no. It was assumed based on results from other units.</b>				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>It was assumed non-friable based on units tested in the past.</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>approx 1840 sq ft</b>				
Pipes (LN FT):		Surface Area (SQ FT):	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: <b>04/11/2023</b>			Complete: <b>05/11/2023</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>04/11/2023</b>			Complete: <b>05/11/2023</b>	

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
Removal of old flooring containing ACM will be performed by trained and certified personnel. The ACM will be kept wet throughout the process. The work area will be protected and sealed by using the capsule concept to assure the least to no particles escape.

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**  
The non-friable ACM will be removed by competent personnel that is trained and knowledgeable in the removal, handling, and disposal of ACM. All work will be done to comply with Federal, State, and local regulations. The work area will be protected and sealed by using the capsule concept to assure the least to no particles escape. The concept of 'keep it wet' will be used throughout the asbestos removal process.

**XIII. WASTE TRANSPORTER #1**

Name: Johnny Rodgers

Address: 296B 2nd Ave

City: York

State: AL

Zip: 36925

Contact Person: Bertha Rodgers

Tel: 205-392-9308

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Kemper County Landfill

Address: 21211 Hwy 16 East

City: Dekalb

State: MS

Zip: 39328

Contact Person: Jimmy Thomas

Tel: 601-743-4310

**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:**

MDEQ will be notified immediately. ACM will be handled same as original.

**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.**

Bertha Rodgers

Type or Print Name

*Bertha Rodgers*  
(Signature of Owner/Operator)

3/30/2023

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Bertha Rodgers

Type or Print Name

*Bertha Rodgers*  
(Signature of Owner/Operator)

3/30/2023

(Date)