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: Postmark (mail only) Al Number □Mail ☐Hand Delivery **Email** I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R 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: Cloverdale Apartments Community Center Address 900 Williams St. NE City-Brookhaven State: MS Zin-39601 Site Location: Brookhaven Building Size approx 1900 sq ft # of Floors: 1 Age in Years: Present Use: community center Prior Use: IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME Brookhaven Housing Authority Address: 504 Brookman Drive City: Brookhaven State MS Zin-39601 Contact: Jeffery Adams Tel: 601-833-1781 ASBESTOS REMOVAL CONTRACTOR Southeast Environmental Group, Inc. Address: P.O. Box 433/ 296B 2nd Ave. City York State: AL Zin: 36925 Contact Bertha Rodgers Tel: 205-392-9308 Certification Number: ABC-00001906 Expiration Date: 05/10/2023 OTHER OPERATOR: Address: City: State: Zip: Contact: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES WAS ASBESTOS PRESENT? (Yes/No): Yes Inspection Date: 04/11/2023 Inspector: Johnny Rodgers Inspector: Johnny Rodgers Certification Number: AB 1 - 000 11 403 Expiration Date: 04/27/2023

VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Analysis by Polarize Light Microscopy . Floor tile 2% chrysotile and Mastic 4% chrysotile. Safety Environmental Lab and consulting.Inc.. VII. QUANTITY OF RACM TO BE REMOVED: approx 1400 sq ft 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: 04/27/2023 Complete: 05/27/2023 X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete:

XI. DESCRIPTION OF PLANNED DEMOLITION OF CENT				
1	using the capsule concept to assure the least to no particles assure.			
DEMOLITION OF WORK PRACTICES AND ENGINEE	ING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE			
The non-frieble ACM will be recovered by a survey	that is trained and knowledfeable in the removal, handling, and disposal of ACM. All works. The work area will be protected and sealed by using the capsule concept to assure the used throughout the asbestos removal process.			
XIII. WASTE TRANSPORTER #1	a riseo nitondi	iout the aspestos	removal process.	
Name: Johnny Rodgers				
Address: 296B 2nd Ave				
City York	ļ	- ,, _	Т	
	State: AL		Zip: 36925	
Contact Person: bertha Rodgers			Tel: 205-392-9	308
WASTE TRANSPORTER #2				•
Name:				
Address:				
City:	State:		Zip:	
Contact Person:			Tel:	
XIV. WASTE DISPOSAL SITE			I le:	
Name: Kemper County Landfill				
Address:21211 Hwy 16 East				
City: Dekalb	State:MS		20220	
Contact Person: Jimmy Thomas	State: IVIO		Z _{Ip} :39328	
			Tel: 601-743-43	110
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	Y, PLEASE I	DENTIFY THE A	IGENCY 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 equipm	ent damage or a	in unreasonable financ	olal burden:
•				
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBI FI	THE EVENT	THAT UNEXPE	CTED ASBESTOS IS	FOUND OR PREVIOUSLY
NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLEI MDEQ will be notified immediately. ACM wi), PULVERIZI	ED, OR REDUCE	ID TO POWDER:	- water distributed
· · · · · · · · · · · · · · · · · · ·	NO HOLL	ileu same a	is original.	!
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PRO ONSITE DURING THE DEMOLITION OR RENOVATION. AND	MACIONE OF	7 10 PEOU 4		
Onsite during the demolition or renovation, and this person will be available for inspection duri	EVIDENCE TI	IAT THE REQUI	TON (40 CFR PART 6 RED TRAINING HAS	1, SUBPART M) WILL BE BEEN ACCOMPLISHED BY
Bertha Rodgers	NG NORMAL	BUSINESS HOU	JRS.	4 10 -1 - 0
Type or Print Name	Signature of Ow	longer	>	4/25/2023
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORREC	13	чиноривы)		#/25/2023 (Date)
Bertha Rodgers	Buth	Dal use)	4 hd202
Type or Print Name	(Signature of Ow	unoriOne offer		1/92/9092
	1 3 3 3 3	men operator)		(Date)