

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 type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only) 4.19.2023	Date Received 4.19.2023	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): d				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): VACANT House				
Bldg. Name: House				
Address: 130 West 16th Street				
City: Laurel		State: MS	Zip: 39440	
Site Location: SAME			Tel:	
Building Size: 2,024		# of Floors: 1	Age in Years: over 20	
Present Use: VACANT		Prior Use: Residence		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: City of Laurel				
Address: 401 North 5th Avenue				
City: Laurel		State: MS	Zip: 39440	
Contact: Donelle Thornton			Tel: (601) 319-4746	
ASBESTOS REMOVAL CONTRACTOR: ABATEMENT PRO'S LLC				
Address: 217 Ralston Road				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: LEE Roberts			Tel: (601) 408-5558	
Certification Number: ABC-00011371			Expiration Date: 1-03-2024	
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: 4-13-2023	
Inspector: JOE Venus		Certification Number: ABI00001353	Expiration Date: 02/09/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Exterior Siding, 9x9 Floor Tiles ... Asbestos Bulk Sampling (PLM Analysis)				
VII. QUANTITY OF RACM TO BE REMOVED: 504 sq ft 9x9 floor tiles, 2,224 sq ft of exterior siding				
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: 5-04-23			Complete: 5-04-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

APR 21 2023

DEPT. OF ENVIRONMENTAL QUALITY

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Build poly containment with critical barriers, decon, negative air and use wet method spraying water and hand tools...

XIII. WASTE TRANSPORTER #1

Name: ABATEMENT PRO'S LLC

Address: 217 RALSTON ROAD

City: HATTIESBURG

State: MS

Zip: 39401

Contact Person: LEE ROBERTS

Tel: 601 408-5558

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Region Waste Landfill

Address: 5274 MS-29

City: OVERTON

State: MS

Zip: 39464

Contact Person: MR. SMITH

Tel: 601 545-2121

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK AND CALL 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.

Lee M. Roberts

Type or Print Name

Lee M. Roberts

(Signature of Owner/Operator)

4-19-23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lee M. Roberts

Type or Print Name

Lee M. Roberts

(Signature of Owner/Operator)

4-19-23

(Date)