

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 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: 212 BAY Street				
City: Laurel		State: MS		Zip: 39440
Site Location: Same				Tel:
Building Size: 1,608		# 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:
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: AB100001353		Expiration Date: 02/09/2024
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Exterior Siding - Asbestos Bulk Sampling methods (PLM) Analysis				
VII. QUANTITY OF RACM TO BE REMOVED: 1608 square footage 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: 5-03-23			Complete: 5-03-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

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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:
Use wet method - spraying water from water hose and using 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: Overt 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 CRUMBLED, 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 Lee M. Roberts 4/19/23
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lee M. Roberts Lee M. Roberts 4/19/23
Type or Print Name (Signature of Owner/Operator) (Date)