

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 6-12-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>			
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):			
Bldg. Name: OLD NORMANDY APARTMENTS			
Address: 202 S.30th AVE			
City: HATTIESBURG	State: MS	Zip: 39401	
Site Location: HATTIESBURG			Tel:
Building Size: 2 BLDG APPROX 4000 S/F EA	# of Floors: 2	Age in Years: OVER 30	
Present Use: EMPTY	Prior Use: APARTMENTS		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: MIDTOWN MONTEVISTA			
Address: 16 OFFICEPARK DR SUITE 10			
City: HATTIESBURG	State: MS	Zip: 39402	
Contact: CHARLES W ANDERSON JR			Tel: 6012708179
ASBESTOS REMOVAL CONTRACTOR: ABATEMENT CONTRACTORS OF MISSISSIPPI, INC.			
Address: 761 WEATHERSBY RD			
City: HATTIESBURG	State: MS	Zip: 39402	
Contact: CHARLES W ANDERSON JR			Tel: 6012708179
Certification Number: ABC-00003976		Expiration Date: 11/10/23	
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: 6/6/23	
Inspector: PAUL ANDERSON	Certification Number: ABI-00001686	Expiration Date: 7/24/23 6-24-2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: FLOORING, WALL MATERIAL, ROOFING, MORTAR, CEILING TEXTURE. PLM TEST METHOD CEILING TEXTURE ONLY POSITIVE MATERIAL			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 5700 S/F CEILING TEXTURE SHEETROCK REMOVAL			
Category I:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/27/23		Complete: 7/20/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6/27/23		Complete: 8/20/23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
 REMOVAL OF ASBESTOS CEILING TEXTURE BY REMOVING SHEETROCK, MIST AREA AND BAG, ONCE
 CLEARED. EXCAVATOR DEMOLITION OF STRUCTURES

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE
 DEMOLITION OR RENOVATION SITE:**
 PARTIAL CONTAINMENT, NEGATIVE AIR UNITS, WATER.

XIII. WASTE TRANSPORTER #1

Name: **ABATEMENT CONTRACTORS OF MISSISSIPPI, INC.**
 Address: **761 WEATHERSBY RD**
 City: **HATTIESBURG** State: **MS** Zip: **39402**
 Contact Person: **CHARLES W ANDERSON JR** Tel: **6012708179**

WASTE TRANSPORTER #2

Name:
 Address:
 City: State: Zip:
 Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: **PINE BELT SOLID WASTE**
 Address: **5274 MS-29**
 City: **OVETT** State: **MS** Zip: **39464**
 Contact Person: Tel: **6015452121**

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:**
STOP WORK NOTIFY DEQ AND OWNER

**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.**

CHARLES W ANDERSON JR 6/12/23
 Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
CHARLES W A NDERSON JR 6/12/23
 Type or Print Name (Signature of Owner/Operator) (Date)