MAP

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 Date Received 07-21-2023 Postmark (mail only) I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 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: Res-1 Address: 5929 Gilmer Wilburn Rd City: Columbus State: MS Zip: 39701 Site Location: 2nd Floor Bathroom Age in Years: 50+ Building Size: 1500+/-SF # of Floors: 2 Present Use: Abandoned Prior Use: Residence IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: Origis Energy Address: 800 Brickell Ave, Ste 1000 Zip: 33131 State: FL City: Miami Contact: Daniel Ferrell Tel: 786.757.4332 ASBESTOS REMOVAL CONTRACTOR: Ambipar Response OSE, LLC Address: 4800 Division Ave City: Birmingham State: AL Zip: 35222 Contact: Duane Boatright Tel: 205.546.0205 Certification Number: ABC-0012258 Expiration Date: 5/19/2024 OTHER OPERATOR: RES Group Inc Address: 1601 19th St, Ste 400 Zip: 80202 State: CO City: Denver Tel: 972.822.8290 Contact: Ryan Liese V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes Inspection Date: 5/23/23 WAS ASBESTOS PRESENT? (Yes/No): Yes Certification Number: ABI-00001230 Inspector: Edward Lesniak Expiration Date: 6/20/23 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Analytical Testing - 2nd floor Bothroom - VCT & Mastic - PLM Bulk VII. QUANTITY OF RACM TO BE REMOVED: Surface Area (SQ FT): 250sf Volume of Facility Components (CU FT): Pipes (LN FT): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category II: Complete: 8/10/23 IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/3/23 Complete: 8/31/23 X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/10/23

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:				
complete structural demo				
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:				
Wet methods, component removal				
XIII. WASTE TRANSPORTER #1				
Name: Ambipar Response OSE, LLC				
Address: 4800 Division Ave				
_{City:} Birmingham	State: AL		Zip: 35222	
Contact Person: Duane Boatright			Tel: 205.546.0205	
WASTE TRANSPORTER #2				
Name:				
Address:				
City:	State:		Zip:	
Contact Person:			Tel:	
XIV. WASTE DISPOSAL SITE				
Name: Big Sky Environmental				
Address: 5100 Fiat Top Road				
_{City:} Adamsville	State: AL		Zip: 35005	
Contact Person: Shannon Humphrey			Tel: 205.743.0080	
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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:				
Sample, Notify, Abate				
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.				
Duane Boatright	Duane	Boatrig	ht	7.21.23
Type or Print Name	(Signature of Owner/Operator			(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Duane Boatright 7.21 23				
Type or Print Name		Owner/Operator)		(Date)