

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM MAP

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 08-09-2023	AI Number 82424
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>O</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>d</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <u>Vacant House</u>				
Bldg. Name: <u>Vacant House</u>				
Address: <u>509 Elmwood Street</u>				
City: <u>McComb</u>		State: <u>MS</u>	Zip: <u>39648</u>	
Site Location: <u>Same</u>		Tel:		
Building Size: <u>1,200 sf</u>		# of Floors: <u>1</u>	Age in Years: <u>over 20</u>	
Present Use: <u>Vacant</u>		Prior Use: <u>Residence</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>City of McComb</u>				
Address: <u>P.O. Box 667</u>				
City: <u>McComb</u>		State: <u>MS</u>	Zip: <u>39649</u>	
Contact: <u>Henry Green</u>		Tel: <u>601) 249-9628</u>		
ASBESTOS REMOVAL CONTRACTOR: <u>ABATEMENT Pro's LLC</u>				
Address: <u>217 Ralston Road</u>				
City: <u>Hattiesburg</u>		State: <u>MS</u>	Zip: <u>39401</u>	
Contact: <u>Lee Roberts</u>		Tel: <u>601) 408-5558</u>		
Certification Number: <u>ABC-00011371</u>		Expiration Date: <u>1-03-2024</u>		
OTHER OPERATOR: <u>N/A</u>				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>		Inspection Date: <u>5-04-2023</u>		
Inspector: <u>Henry Green</u>		Certification Number: <u>ABT-00009946</u>	Expiration Date: <u>1-05-2024</u>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>Extension Transite Siding (PLM) Asbestos Analysis was perform.</u>				
VII. QUANTITY OF RACM TO BE REMOVED: <u>800 sq ft of Extension Siding</u>				
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: <u>9-01-2023</u>		Complete: <u>9-01-2023</u>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>N/A N/A decided</u>		Complete:		

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

N/A Not decided by the owner yet.

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

Proper ppe clothing, spray water from water hose and wet method and use 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 Regional Waste Landfill
Address: 5274 MS-29
City: Oveett 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 CRUMBLLED, 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)

8-9-23
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lee M. Roberts
Type or Print Name

Lee M. Roberts
(Signature of Owner/Operator)

8-9-23
(Date)