

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): 0				
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: Vacant House				
Address: 904 Howe Street				
City: McComb		State: MS	Zip: 39648	
Site Location: Same		Tel:		
Building Size: 900 sq ft		# of Floors: 1	Age in Years: over 20	
Present Use: Vacant House		Prior Use: Residence		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: City of McComb				
Address: P.O. Box 667				
City: McComb		State: MS	Zip: 39649	
Contact: Henry Green		Tel: 601-249-9628		
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: N/A				
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: 5-04-2023		
Inspector: Henry Green		Certification Number: ART-00009946	Expiration Date: 1-05-2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Exterior siding, Floor tile 9x9 and Black mastic (PLM) Asbestos Analysis was performed.				
VII. QUANTITY OF RACM TO BE REMOVED: 900 sqft Exterior siding and 350 sqft Floor tiles Black mastic				
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: 9-08-2023 Complete: 9-08-2023				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Not decided Complete:				

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

N/A Not decided by Owner yet.

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

Polys Containment - Decon - negative air machine, spraying water with water hose
 Proper PPE clothing and wet method hands 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: 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 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 Lee M. Roberts 8-10-23
 Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lee M. Roberts Lee M. Roberts 8-10-23
 Type or Print Name (Signature of Owner/Operator) (Date)