MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

vian nothication to. IVID	EQ Aspestos and Lead Branch						
MDEQ Use Only: ☑Email ☐Mail ☐Hand Delivery	Postmark (mail only)	Date Received Al Num 11/12/2024		Al Number			
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):							
TYPE OF OPERATION (D-Demo C= Ordered Demo R=Reposation F=Fmer. Reposation): D-ACM ONLY							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): House floor tile in Bathroom, FT in shop							
Bldg. Name: House							
Address: 112 Rawl Springs Loop							
City: Hattiesburg	lattiesburg State: MS		Zip: 39401				
e Location: Same			Tel: 601 582 4741				
Building Size: 2000 SF	# of Floors: 1	Age	Age in Years: >30				
Present Use: Un-Occupied	Prior Use: House						
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Forrest General Hospital							
Address: PO Box 16389							
_{City:} Hattiesburg	State: MS		_{Zip:} 39402				
Contact: Joe Venus	ontact: Joe Venus		Tel: 601 408 1005				
ASBESTOS REMOVAL CONTRACTOR: Environmental Serviices							
Address: 253 Delk Road							
city: Hattiesburg	State: MS		_{Zip:} 39401				
Contact: Joe Venus			Tel: 6014081005				
Certification Number: ABC00001330		Expiration Date: Jan 2 2025					
OTHER OPERATOR: n/a							
Address:							
City:	State:	Zip:	Zip:				
Contact:		Tel:					
V WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes							
WAS ASBESTOS PRESENT? (Yes/No): Ye	MAS ASRESTOS PRESENT? (Yes/No): Yes Inspection Date: Aug 16, 2023						
Lee Roberts Certification Number: AB100009020 Expiration Date: IVIDITY 2025							
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Flooring and limoleum flooring materials, PLM Analysis							
Flooring and innoleum hooring materials, it can mary sign							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT):	Surface Area (SQ FT):	Volum	Volume of Facility Components (CU FT):				
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Category I: 1,120 SF Category II:							
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/26/24 Complete: 11/26/24							
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete:							

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:						
Removal of flooring using the wet method in specified rooms						
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:						
Wet materials and remove using hand tools						
XIII. WASTE TRANSPORTER #1						
Name: Environmental services						
Address: 253 Delk road						
_{City:} Hattiesburg	State: MS		_{Zip:} 39401			
Contact Person: Joe Venus						
WASTE TRANSPORTER #2						
Name:						
Address:						
City:	State:		Zip:			
Contact Person:			Tel:			
XIV. WASTE DISPOSAL SITE						
Name: RoBo landfill						
Address: 6447 Walalak Road						
city: Scooba	State: MS		zip: 39358			
Contact Person: Roland Edwards	Tel: 662 793 4795					
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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Stop work call DEQ						
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.						
Joe Venus	11/12/24					
Type or Print Name	(Signature of Swner/	Operator)	(Date)			
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Joe Venus			11/12/24			
Type or Print Name (Signature of Owner/Operator)			(Date)			
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