

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"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 12/5/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
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): Church				
Bldg. Name: Saint Luke Missionary Baptist Church				
Address: 830 South Magnolia Street				
City: Laurel		State: MS	Zip: 39440	
Site Location: Restrooms, Hallways and Classrooms 1st & 2nd floor				Tel:
Building Size: 18,000 Square Feet		# of Floors: 2	Age in Years: Over 20	
Present Use: VACANT		Prior Use: Church Services		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: David & Kimberly Yeates				
Address: 834 Hwy 12 West # 148				
City: Starkville,		State: MS	Zip: 39759	
Contact: Mrs. Sandra Hadley (City of Laurel)		Tel: 601 428-6438		
ASBESTOS REMOVAL CONTRACTOR: ABATEment Pro's LLC				
Address: 6 Tucker Road				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Lee Roberts		Tel: 601 408 5558		
Certification Number: ABC-00011371			Expiration Date: 1/02/2025	
OTHER OPERATOR: N/A				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 11-20-2024	
Inspector: Lee Roberts		Certification Number: ABI-0009020	Expiration Date: 2/07/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 9x9 Floor Tiles, Carpets, Plaster walls, Roof Shingles, Roof Felt, Black mastic, Ceiling Tiles, window caulking, window Glazing, Pipe Insulation. (PCM) Polarized Light Microscopy was performed.				
VII. QUANTITY OF RACM TO BE REMOVED: 12,000 square footage of 9x9 Floor tiles and Black mastic.				
Pipes (LN FT): 20 LN feet		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: 12-19-2024 Complete: 12-30-2024				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A Complete: N/A				

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Build Poly Containment using Decoy, Negative Air Machines, water hoses spraying water. Use hand tools and wet Method. Proper PPE & Barricade Signs

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Build Poly Containment using Decoy, Negative Air Machines water hoses spraying water. Use hand tools and wet method. Proper PPE & Barricade Signs ..

XIII. WASTE TRANSPORTER #1 Abatement Pro's LLC

Name: ABATEMENT Pro's LLC

Address: 6 Tucker Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Lee Roberts

Tel: 601 408-5558

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional Waste Management Authority

Address: 5274 MS-29

City: Ovett

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:

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 CRUMBLER, 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 Roberts

Type or Print Name

Lee Roberts

(Signature of Owner/Operator)

12-05-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lee Roberts

Type or Print Name

Lee Roberts

(Signature of Owner/Operator)

12-05-24

(Date)