

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		<b>Postmark (mail only)</b>		<b>Date Received</b> 3/21/2025		<b>AI Number</b>	
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual) <span style="float: right;">O</span>							
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">R</span>							
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number)							
Bldg. Name: Building A - MGCCC George County Center							
Address: 11203 Old Highway 63 South							
City: Lucedale			State: MS		Zip: 39452		County: George
Site Location: throughout building					Tel: (601) 766-6420		
Building Size: 12,400			# of Floors: 1		Age in Years: 53		
Present Use: Community College Classrooms/Offices				Prior Use: Community College Classrooms/Offices			
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Mississippi Gulf Coast Community College							
Address: 51 Main Street							
City: Perkinston			State: MS		Zip: 39573		
Contact: Lee Palermo					Tel: 601-928-5211		
ASBESTOS REMOVAL CONTRACTOR: Hernandez Demolition & Remediation, LLC.							
Address: 19 Minor Hill Road							
City: Hartsville			State: AL		Zip: 35640		
Contact: Michael J. Brown					Tel: 251-379-7038		
Certification Number: ABC-00001670					Expiration Date: 2/10/2026		
OTHER OPERATOR:							
Address:							
City:			State:		Zip:		
Contact:					Tel:		
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): Yes							
WAS ASBESTOS PRESENT? (Yes/No): Yes					Inspection Date: 02/18/2025		
Inspector: Cliff Meins			Certification Number: ABI-1821		Expiration Date: 9/10/2025		
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> 12"X12" VCT flooring and black adhesive mastic							
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> VCT & black mastic							
Pipes (LN FT):			Surface Area (SQ FT): 10,700		Volume of Facility Components (CU FT):		
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>							
Category I:					Category II:		
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 04/07/25					Complete: 04/16/25		
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 02/24/25					Complete: 10/22/25		

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

Abatement of VCT and asbestos-containing black mastic discovered during renovation.

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

Wet removal methods within negative pressure containment using HEPA filtration units

**XIII. WASTE TRANSPORTER #1**

Name: Waste Pro of Hattiesburg

Address: 480 J M Tatum Industrial Drive

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Ryan Rubenstein

Tel: 228-424-0216

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Pine Belt Regional Landfill

Address: 5274 MS-29, Ovett, MS 39464

City: Ovett

State: MS

Zip: 39464

Contact Person: James A. Harrison

Tel: 601-545-6676

**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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

Stop work in area. Clean up any disturbed materials. Notify Owner and MDEQ of any changes.

**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.**

Michael J. Brown

Type or Print Name

(Signature of Owner/Operator)

3/21/2025

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Michael J. Brown

Type or Print Name

(Signature of Owner/Operator)

3/21/2025

(Date)