

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <span style="float: right;">O</span>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">Demo</span>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <u>Super Inn motel 32 total rooms</u>					
Address: <u>1010 North Frontage rd</u>					
City: <u>Meridian</u>	State: <u>MS</u>	Zip: <u>39301</u>			
Site Location:		Tel: <u>601 693-3771</u>			
Building Size	# of Floors:	Age in Years: <u>N/A</u>			
Present Use: <u>VA</u>	Prior Use: <u>motel</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>Super Inn motel</u>					
Address: <u>1010 North Frontage rd</u>					
City: <u>Meridian</u>	State: <u>MS</u>	Zip: <u>39301</u>			
Contact: <u>Motel owner</u>		Tel: <u>601 693-3771</u>			
REMOVAL CONTRACTOR <u>Forrest Construction LLC</u>					
Address: <u>591 Baywood rd</u>					
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39204</u>			
Contact: <u>Richard or Dennis Forrest</u>		Tel: <u>601 720-7281 or 769 216-8741</u>			
OTHER OPERATOR: <u>Construction Plus LLC</u>					
Address: <u>2326</u>					
City: <u>Meridian</u>	State: <u>MS</u>	Zip: <u>39305</u>			
Contact: <u>601 480-4430</u>					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area			<u>ceiling area sheetrock</u>	Sq Ft: <u>4,600</u>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>4/20/21</u> Complete: <u>6/20/21</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>6/20/21</u> Complete: <u>8/20/21</u>					

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

Wet method

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

poly doors and windows, containment

XII. WASTE TRANSPORTER #1

Name: Forest Construction LLC

Address: 591 Raymond Rd

City: Jackson

State: MS

Zip: 39204

Contact Person: Richard or Davius Forest

Tel: 601 720-7281 or 769 216-8741

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Waste Management

Address:

City: Russell

State: MS

Zip: 39301

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

XVI. 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:

Call MPEU

XVII. 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.

Darius Forest  
Type or Print Name

[Signature]  
(Signature of Owner/Operator)

4/6/21  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darius Forest  
Type or Print Name

[Signature]  
(Signature of Owner/Operator)

4/6/21  
(Date)