

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"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 3/20/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Office				
Bldg. Name: House				
Address: 1104 Elm Avenue				
City: Colins		State: MS	Zip: 39428	
Site Location: Collins MS, in bathrm, ext siding and windows			Tel: 601 481 4874	
Building Size: 900		# of Floors: 1	Age in Years: > 20	
Present Use: Empty		Prior Use: office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Covington County School District				
Address: 1211 South Dogwood				
City: Colins		State: MS	Zip: 39428	
Contact: Jon Chancelor			Tel: 601 765 8247	
ASBESTOS REMOVAL CONTRACTOR: Enviroinmental Services				
Address: 253 Delk Road				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Joe venus			Tel: 6014081005	
Certification Number: 0001330			Expiration Date: Jan 2 2025	
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: 3/5/2024	
Inspector: Lee Roberts		Certification Number: 00009020	Expiration Date: Feb 7, 2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: asbestos floor tile exterior siding and window glasse, PCM analysis				
VII. QUANTITY OF RACM TO BE REMOVED: 1060 sf				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 11 windows				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/1/24			Complete: 4/1/24	
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:
removal of floor tile siding and windows using wet methods

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Wet material and remove by hand using hand tools

XIII. WASTE TRANSPORTER #1

Name: Environmental Services
Address: 253 Delk Road
City: Hattiesburg State: MS Zip: 39401
Contact Person: joe Tel: 6014081005

WASTE TRANSPORTER #2

Name: N/A
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional Waste Authority
Address: PO Box 389
City: Petal State: MS Zip: 39465
Contact Person: Mr Smith Tel: 601 545 6676

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 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 _____ 3/20/24
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Joe Venus _____ 3/20/24
Type or Print Name (Signature of Owner/Operator) (Date)