## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: Email □Mail □Hand Delivery	Postmark (mail only)		Date Received 4/05/2024		Al Number	
I. Type of Notification (O=Original R=Revised	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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):						
Bldg. Name: Pascagoula Ice House						
Address: 3708 Pascagoula St						
<sub>City:</sub> Pascagoula		State: MS		z <sub>ip:</sub> 39567		
Site Location: Same as above		<b>T</b>		Tel: 504-884-3171		
Building Size: 15,456 SF		# of Floors: 2		Age in Years: 120		
Present Use: Vacant		Prior Use: Old Ice House				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)						
OWNER NAME: In Sznc Holdings LLC						
Address: 1100 Poydras						
City: New Orleans		State: LA		<sub>Zip:</sub> 70163		
Contact: Nick Condon				<sub>Tel:</sub> 504-884-3171		
ASBESTOS REMOVAL CONTRACTOR: Specialty Abatement Services, Inc.						
Address: PO Box 15925						
<sub>City:</sub> Hattiesburg		State: MS		zip: 39404		
Contact: William Stamps				Tel: 601-264-5550		
Certification Number: ABC-00001660		Expiration		on Date: 2/23/2025		
OTHER OPERATOR: Jack Ferrill's Heavy Equipment						
Address: 4222 Ingalls Ave.						
<sub>City:</sub> Pascagoula		State: MS		z <sub>ip:</sub> 39581		
Contact: Jack Ferrill		9		<sub>Tel:</sub> 228-216-7176		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes						
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 1/12/2022			
Inspector: Reginald Sampson Certification Number: ABI-0			001921 Expiration Date: 9/8/2022 07/27/2024			
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor Tile, Mastics, caulk, drywall w/ joint compound, Ceiling Tile, plaster, cork, roofing materials						
Bulk samples were collected and read by PLM at EMSL						
VII. QUANTITY OF RACM TO BE REMOVED:						
Pipes (LN FT):	Surface Area (SQ FT): Volu			Volume of Facility Con	nponents (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:						
Category I: Roof Flashing (Gray paint) 600 LF Category II:						
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/18/2024 Complete: 4/18/2024						
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/18/2024 Complete: 4/30/2024						

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOV	ATION WORK, AND METHO	D(S) TO BE USED:				
Roof is not safe for occupancy. Building will be laid down by	demo contractor . Flashing v	vill be removed from material on ground.				
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEER DEMOLITION OR RENOVATION SITE:	RING CONTROLS TO BE USE	ED TO PREVENT EMISSIONS OF ASBESTOS AT THE				
All ACM will Wetted and removed . Waste will be placed	l in clear , labeled , poly bag	s and a placed in properly lined container for disposal.				
XIII. WASTE TRANSPORTER #1						
Name: Specialty Abatement Services, Inc.						
Address: PO Box 15925						
<sub>City:</sub> Hattiesburg	State: MS	<sub>Zip:</sub> 39404				
Contact Person: William H. Stamps		Tel: 601-264-5550				
WASTE TRANSPORTER #2						
Name:						
Address:						
City:	State:	Zip:				
Contact Person:		Tel:				
XIV. WASTE DISPOSAL SITE						
<sub>Name:</sub> Pine Belt Regional Landfill						
Address: Hwy 29 N.						
<sub>City:</sub> Runnelstown	State: MS	<sub>Zip:</sub> 39465				
Contact Person: James A. "Tony" Harrison, MBA	Contact Person: James A. "Tony" Harrison, MBA Tel: 601-545-6676					
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	ICY, 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:						
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XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBL						
All work will stop. MDEQ will be notified.						
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PI ONSITE DURING THE DEMOLITION OR RENOVATION, AN THIS PERSON WILL BE AVAILABLE FOR INSPECTION DU	D EVIDENCE THAT IHE REC	QUIRED TRAINING HAS BEEN ACCOMPLISHED BY				
Anthony Bryant (	REAL S	4/5/2024				
Type or Print Name	(Signature of Owner/Operator)	(Date)				
XIX. I CERTIFY THAT THE ABOVE INFORMATION S CORR Anthony Bryant	RECT:	4/5/2024				
Type or Print Name	(Signature of Owner/Operator)	(Date)				