

# 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 <b>9/10/2024</b>	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <b>R</b>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: <b>MS Regional 5 Housing Authority</b>				
Address: <b>6th Street (see attached)</b>				
City: <b>Bay Springs</b>		State: <b>MS</b>	Zip: <b>39422</b>	
Site Location: <b>Community Center, Unit 7 &amp; 9</b>			Tel: <b>601-63-3371</b>	
Building Size: <b>Unknown</b>		# of Floors: <b>Unknown</b>	Age in Years: <b>Unknown</b>	
Present Use: <b>Housing</b>		Prior Use: <b>Unknown</b>		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>MS Regional housing Authority V</b>				
Address: <b>298 Northside Drive</b>				
City: <b>Newton</b>		State: <b>MS</b>	Zip: <b>39345</b>	
Contact: <b>Nick Kaminer (General Contractor-601-573-6985)</b>			Tel: <b>601-683-3371</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Snyder Environmental &amp; Construction, LLC</b>				
Address: <b>7705 Northshore Place</b>				
City: <b>North Little Rock</b>		State: <b>AR</b>	Zip: <b>72118</b>	
Contact: <b>Justin Dixon/Andrew Ables</b>			Tel: <b>501-801-2776/601-559-2185</b>	
Certification Number: <b>ABC-00009502</b>			Expiration Date: <b>07/12/2024</b>	
OTHER OPERATOR: <b>N/A</b>				
Address: <b>N/A</b>				
City: <b>N/A</b>		State: <b>N/A</b>	Zip: <b>N/A</b>	
Contact: <b>N/A</b>			Tel: <b>N/A</b>	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>11/20/2023</b>	
Inspector: <b>Lamar Gilliland</b>		Certification Number: <b>ABI-00001036</b>	Expiration Date: <b>2/7/2025</b>	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
<b>PLM Bulk Samples</b>				
<b>VII. QUANTITY OF RACM TO BE REMOVED: 1,930 SF FT/Mastic, 3,230 SF Ceiling Texture</b>				
Pipes (LN FT):		Surface Area (SQ FT):	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 (MM/DD/YY) Start: 10/9/2024</b>			<b>Complete: 10/16/2024</b>	
<b>X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A</b>			<b>Complete: N/A</b>	

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

Materials listed to be removed by hand so facility can be renovated.

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

Materials will be wetted, during and after abatement, properly packaged, labeled and transported to a class 1 landfill for disposal.

**XIII. WASTE TRANSPORTER #1**

Name: Complete Environmental & Remediation

Address: 37 David Swan Lane

City: Pervis

State: MS

Zip: 397475

Contact Person: Kevin Ivy

Tel: 601-951-8136

**WASTE TRANSPORTER #2**

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

**XIV. WASTE DISPOSAL SITE**

Name: Pinebelt Regional Landfill

Address: 5274 MS-29

City: Petal

State: MS

Zip: 39464

Contact Person: N/A

Tel: 601-545-2121

**XV. 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): N/A

**XVI. FOR EMERGENCY RENOVATIONS:**

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

Description of the sudden unexpected event:

N/A

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

N/A

**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:**

Wet the unexpected, make area safe and notify 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.**

Barbara McElroy

Type or Print Name

*Barbara McElroy*

(Signature of Owner/Operator)

9/10/2024

(Date)

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

Barbara McElroy

Type or Print Name

*Barbara McElroy*

(Signature of Owner/Operator)

9/10/2024

(Date)