

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 9/16/2024	AI Number 36775
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> D			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): ext window caulking, 9x9 FT kitchen, ceiling texture			
Bldg. Name: House			
Address: 506 N 36th Avenue			
City: Hattiesburg	State: MS	Zip: 39406	
Site Location: Same		Tel: 601 310 7799	
Building Size: 1800 sf	# of Floors: 1	Age in Years: >30	
Present Use: house	Prior Use: same		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: University of Southern Mississippi			
Address: 118 College Drive			
City: Hattiesburg	State: MS	Zip: 39406	
Contact: Josh McAlpin		Tel: 601 606 7404	
ASBESTOS REMOVAL CONTRACTOR: Environmental Serviices			
Address: 253 Delk Road			
City: Hattiesburg	State: MS	Zip: 39401	
Contact: Joe Venus		Tel: 6014081005	
Certification Number: ABC00001330		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: August 30, 2024	
Inspector: Lee Roberts	Certification Number: A100009020	Expiration Date: Feb 7 2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 9x9 tiles and black mastic materials, ceiling textures, and window caulking using PLM analysis			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT): 1,000	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 800 square feet			
Category I:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/30/24		Complete: 10/3/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A		Complete:	

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

Removal of flooring, ceiling and window caulking using the wet method

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

Wet materials and remove using hand tools

XIII. WASTE TRANSPORTER #1

Name: Environmental services

Address: 253 Delk road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Joe Venus

Tel: 601 408 1005

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: RoBo landfill

Address: 6447 Walalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edwards

Tel: 662 793 4795

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
Type or Print Name


(Signature of Owner/Operator)

9/16/24
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus
Type or Print Name


(Signature of Owner/Operator)

9/16/24
(Date)