REV

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Mail notification to: MD			Date Rec		Al Number	
MDEQ Use Only: ☑Email □Mail □Hand Delivery	Postmark (mail	oniy)	09-1	8-2024	7,1,1,0,1,1,0,1	84460
Type of Notification (O=Original R=Revised	C=Canceled A=	Annual): O		R		
			novation):	D R	مانات مانات	Den flooring
. TYPE OF OPERATION (D=Demo O= Orde I. FACILITY DESCRIPTION (Include building	name, number ar	nd floor or room num	_{iber):} Ext	siding, bathr	m floortile,	Den flooring
oldg. Name: House						
Address: 1408 Cherry st						
_{Dity:} Hattiesburg		State: MS		Zip: 39401		
Site Location: Same See section III				Tel: 601 765 8247		
uilding Size: 1200 sf		# of Floors: 1		Age in Years: >30		
esent Use: Empty		Prior Use: same				
V. FACILITY INFORMATION (Identify owner,	asbestos remova	al contractor, and oth	er operato	or)		
OWNER NAME: William Carey Univ						
Address: 498 Tuscan Avenue				00404		
_{city:} Hattiesburg		State: MS		Zip: 39401		
Ron Moore				Tel: 601 674 1839		
ASBESTOS REMOVAL CONTRACTOR: EI	nvironmenta	al Serviices				
Address: 253 Delk Road				1 00404		
_{ty:} Hattiesburg		State: MS		Zip: 39401		
Contact: Joe Venus			Tel: 6014081005			
Certification Number: ABC00001330		Expirati	Expiration Date: Jan 2 2025			
OTHER OPERATOR: n/a						
Address:		 		1		
City:		State:		Zip:		
Contact:				Tel:		
V. WAS SITE INSPECTED TO DETERMINE	PRESENCE OF	ASBESTOS? (Yes/	No): Yes		0.0004	
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspect	spection Date: Sept 6 2024		
Inspector: Lee Roberets Certification Number: ABI-00009020 Expiration Date: Feb 7 2025 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:						
vi. suspect materials sampled and Ext siding, 9x9 tiles and black	recedures mastic and	Iflimoleum floo	orina m	aterials, PLN	1 analysis	
LAL Siding, SAS tiles and black		-	J			
VII. QUANTITY OF RACM TO BE REMOVE	:D:					
AIL MOMENTAL OF LOOK TO DE L'EMONE		_				
Pipes (LN FT):	Surface Area	(SQ FT):		Volume of Facility	Components (C	(U F I):
VIII. QUANTITY OF NONFRIABLE ASBES	TOS NOT REMO	VED:				
Category I: 600 square feet flooring	g, 100 SF EX	a siding c	ategory II:		10/4/24	
IX. SCHEDULED DATES ASBESTOS REN	IOVAL (MM/DD/Y	(Y) Start: 10/4/24	'	Comple	ete:	
X. SCHEDULED DATES DEMO/RENOVAT	ION (MM/DD/YY)	Start: IN/A		Comple	ete:	

XI. DESCRIPTION OF PLANNED DEMOLITION OR REN	OVATION WORK, AND ME	THOD(S) TO BE USED:		
Removal of siding, flooring and mastic u				
XII. DESCRIPTION OF WORK PRACTICES AND ENGINE DEMOLITION OR RENOVATION SITE:	ERING CONTROLS TO BE	USED TO PREVENT EMISSIONS OF AS	BESTOS AT THE	
Wet materials and remove using hand	tools			
XIII. WASTE TRANSPORTER #1				
Name: Environmental services				
Address: 253 Delk road		20101		
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 A	GENCY, PLEASE IDENTIF	Y THE AGENCY BELOW:		
Name: N/A		Title:		
Authority:				
Date of Order (MM/DD/YY):	Date O	rdered to Begin (MM/DD/YY):		
	, 2,			
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 da	mage or an unreasonable financial burden:		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLO	WED IN THE EVENT THAT	UNEXPECTED ASBESTOS IS FOUND O	R PREVIOUSLY	
NONFRIABLE ASTESTOS MATERIAL BECOMES CRU	MBLED, PULVERIZED, OF	REDUCED TO POWDER:		
Stop work call DEQ				
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN TI	HE PROVISIONS OF THIS	REGULATION (40 CFR PART 61, SUBPA	RT M) WILL BE	
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN TO ONSITE DURING THE DEMOLITION OR RENOVATION THIS PERSON WILL BE AVAILABLE FOR INSPECTION	I AND EVIDENCE THAT I	HE REQUIRED TRAINING THAT BEET TO	COMPLISHED BY	
Joe Venus		9/18//2		
Type or Print Name	Signature of Owner/O	perator) (Date	>)	
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS C	CORRECT:	9/18/2	4	
Joe Venus	(Signature of Owner/C		NO.	
Type or Print Name	(Signature or Owner)	Person,	SK.	