

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 12-04-2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>D</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>D</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <u>Abandoned house</u>				
Bldg. Name: <u>Abandoned house</u>				
Address: <u>717 New Orleans st.</u>				
City: <u>Hattiesburg</u>		State: <u>MS</u>	Zip: <u>39401</u>	
Site Location: <u>only building on address</u>			Tel:	
Building Size: <u>1400 sq. ft.</u>		# of Floors: <u>1</u>	Age in Years: <u>60+</u>	
Present Use: <u>abandoned</u>		Prior Use: <u>home</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>City of Hattiesburg</u>				
Address: <u>200 Forrest st.</u>				
City: <u>Hattiesburg</u>		State: <u>MS</u>	Zip: <u>39401</u>	
Contact: <u>City hall</u>			Tel: <u>6015454500</u>	
ASBESTOS REMOVAL CONTRACTOR: <u>Derek Patterson</u>				
Address: <u>414 Phillips rd. East</u>				
City: <u>Moselle</u>		State: <u>MS</u>	Zip: <u>39459</u>	
Contact: <u>Derek Patterson</u>			Tel: <u>601-270-6784</u>	
Certification Number: <u>ABS-00010707 ABC-00010679</u>		Expiration Date: <u>2-5-25</u>		
OTHER OPERATOR: <u>MSP Enterprises</u>				
Address: <u>683 R.V. Lindley rd.</u>				
City: <u>Moselle</u>		State: <u>MS</u>	Zip: <u>39459</u>	
Contact: <u>Mike Patterson</u>			Tel: <u>601-270-3702</u>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>		Inspection Date: <u>11-18-24</u> <u>11/7/24</u> <u>see attached report</u>		
Inspector: <u>Derek Patterson</u>		Certification Number: <u>ABI-00008582</u>	Expiration Date: <u>2-6-25</u>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
<u>Roof materials sampled and tested using PLM by Bonner Analytical</u>				
<u>Per inspektor Patterson no other suspect materials to be tested.</u>				
VII. QUANTITY OF RACM TO BE REMOVED: <u>entire roof of home (1400 sq ft.)</u>				
Pipes (LN FT):		Surface Area (SQ FT): <u>1400 sq ft.</u>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <u>N/A</u>				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>12-16-24</u>			Complete: <u>12-17-24</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>12-19-24</u>			Complete: <u>12-20-24</u>	

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

demolition of structure by means of heavy machinery

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

Full PPE will be worn and will use wet method to prevent emissions

XIII. WASTE TRANSPORTER #1 Derek Patterson MSP Enterprises

Name: Derek Patterson

Address: 414 Phillips rd. East

City: Moselle

State: MS

Zip: 39459

Contact Person: Derek Patterson

Tel: 601-270-6784

WASTE TRANSPORTER #2 None

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pinebelt Regional Landfill

Address: P.O. Box 389

City: Petal

State: MS

Zip: 39467

Contact Person: James Harrison

Tel: 601-545-6676

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, 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:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

The job will be shut down immediately and MDEQ and City of Hattiesburg notified.

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

Derek Patterson

Type or Print Name

Derek Patterson

(Signature of Owner/Operator)

11-25-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Derek Patterson

Type or Print Name

Derek Patterson

(Signature of Owner/Operator)

11-25-24

(Date)



2703 Oak Grove Road
Hattiesburg, MS 39402
601.264.2854 Phone
601.268.7084 Fax



November 11, 2024

MSP Enterprises
683 R.V. Lindley Road
Moselle, MS 39459

Attn: Derek Patterson

REPORT NO.: 2411131

PROJECT NO.: 717 New Orleans St.

Please find enclosed the analytical report, including the Sample Summary, Sample Narrative and Chain of Custody for your sample set received November 7, 2024.

If you have any questions about the results, please call. Thank you for using Bonner Analytical Testing for your analytical needs.

Sincerely,

Approved by:

A handwritten signature in black ink that reads "M.S. Bonner". The signature is written in a cursive style and is positioned above a horizontal line.

Michael S. Bonner, Ph.D.

I certify that the data contained in this report has been generated and reviewed in accordance with the BATCO's QAP & SOPs developed under guidelines provided by NELAC, EPA, ASTM or other certified test methods. Exceptions, if any, are discussed in the sample narrative. Samples will be retained for 30 days from the date of this report, then disposed in an appropriate manner. Bonner reserves the right to return samples identified as hazardous. Release of this Final Report is authorized as verified by the following signature.



2703 Oak Grove Road
Hattiesburg, MS 39402
601.264.2854 Phone
601.268.7084 Fax

Certificate Of Analysis

MSP Enterprises 683 R.V. Lindley Road Moselle MS, 39459 Received: 11/07/2024 10:53	Project: Asbestos Project Number: 717 New Orleans St. Project Manager: Derek Patterson Reported: 11/11/2024 14:56
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Sample Name: Roof Sample #1 **Lab ID: 2411131-01** **Sample Date&Time: 11/07/24 10:00**

Analyte	Results	MDL	MRL	Units	Batch	Analyst	Prepared	Analyzed	Qualifiers
<u>Microscope by PLM</u>									
Asbestos	10		1	%	B4K1143	KAW	11/08/2024 15:00	11/08/2024 15:00	
Asbestos	10		1	%	"	KAW	"	"	
Asbestos	10		1	%	"	KAW	"	"	



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Certificate Of Analysis

MSP Enterprises	Project: Asbestos
683 R.V. Lindley Road	Project Number: 717 New Orleans St.
Moselle MS, 39459	Project Manager: Derek Patterson
Received: 11/07/2024 10:53	Reported: 11/11/2024 14:56

Sample Name: Roof Sample #2 **Lab ID:** 2411131-02 **Sample Date&Time:** 11/07/24 10:00

Analyte	Results	MDL	MRL	Units	Batch	Analyst	Prepared	Analyzed	Qualifiers
Microscope by PLM									
Asbestos	10		1	%	B4K1143	KAW	11/08/2024 15:00	11/08/2024 15:00	
Asbestos	10		1	%		KAW			
Asbestos	10		1	%		KAW			



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Certificate Of Analysis

MSP Enterprises	Project: Asbestos
683 R.V. Lindley Road	Project Number: 717 New Orleans St.
Moselle MS, 39459	Project Manager: Derek Patterson
Received: 11/07/2024 10:53	Reported: 11/11/2024 14:56

CASE NARRATIVE SUMMARY

All reported results are within Bonner Analytical Testing Co. defined laboratory QAQC objectives unless listed below or otherwise qualified in this report.

Qualifications:

Analyte & Samples(s) Qualified:

Notes:

MRL = Method Reporting Limit
MDL = Method Detection Limit
ND = Not Detected, below detection limit
U = Below the minimum detection limit
J = Detected, below reportable limit
D = Dilution performed

ug/l = Microgram per Liter = parts per billion (ppb)
ug/kg = Microgram per kilogram = parts per billion (ppb)
mg/l = Milligram per liter parts per million (ppm)
mg/kg = Milligram per kilogram parts per million (ppm)
CFU = Colony forming units



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Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Qualifiers
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Certificate Of Analysis

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Received: 11/07/2024 10:53	Reported: 11/11/2024 14:56

Certified Analyses included in this Report

Analyte	CAS #	Certifications
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List of Certifications

Code	Description	Number	Expires
C-1	Ms Department of Health (Coliform, E coli & HPC)	MS00013	12/31/2024
C-2	La Environmental Lab Accreditation Program	03002	06/30/2025
C-3	National Environmental Lab Accreditation Program	TNI02178	06/30/2025
C-4	USEPA CLP	68HERH20D0009	05/17/2027

BONNER Analytical Testing Co.

2703 Oak Grove Road, Hattiesburg, MS 39402 www.batco.com
 Phone No. 601-264-2854 Fax No. 601-268-7084

COMPANY NAME: **MSP Enterprises**
 STREET ADDRESS: **683 R.V. Lindley Rd.**
 CITY: **Moselle** STATE: **MS** ZIP: **39459**

NAME OF PERSON TO CONTACT: **Derek Patterson**
 CONTACT PERSON'S PHONE: **601-270-6784** FAX:
 CONTACT PERSON'S EMAIL: **dmp3522@gmail.com**

CLIENT PROJECT NO. CLIENT P.O.# CLIENT PROJECT NAME
City of Hattiesburg 717 New Orleans St

SAMPLE DESCRIPTION	DATE	TIME	MATRIX*
1 roof sample 1	11-7-24	10:00	
2 roof sample 2	11-7-24	10:00	
3			
4			
5			
6			
7			
8			
9			
10			

Signature: *Derek Patterson* Print Name: **Derek Patterson**
 Relinquished By: *Sherry Roberts* **S Roberts**
 Relinquished By: *Derek Patterson* **Derek Patterson**
 Received By: *Sherry Roberts* **S Roberts**
 Received By: *Derek Patterson* **Derek Patterson**

Key* Matrix: SW=(Surface Water), GW=(Ground Water), WW=(Waste Water), DW=(Drinking Water), SL=(Sludge), SO=(Soil), AS=(asbestos), LPG=(Liquid Petroleum), AG=(Air/Gas), Other: LIST

PARAMETERS FOR ANALYSIS	NUMBER OF CONTAINERS	PRESERVATION	LABORATORY USE				
			Ice	Turn Around Time	Work Order Number:	Remarks	
N=HNO ₃ S=H ₂ SO ₄ O=NaOH T=Na ₂ S ₂ O ₃ C=HCl Z=ZnOAC E=EDTA			<input checked="" type="checkbox"/>	5 day	4 day	3 day	
				48 Hr	24 Hr	Same Day	
							2411731

Company: **MSP Enterprises** Date: **11-7-24** Time: **10:53 a.m.**

REMARKS: REQUEST BATCO TO DISPOSE OF ALL SAMPLE REMAINDERS (Signature) IF SAMPLE IS DETERMINED TO BE HAZARDOUS, A MINIMUM ADDITIONAL CHARGE OF \$30.00 PER SAMPLE WILL BE ASSESSED. DCN: BA-001 REV# 1.7 ED:03/15/2022

SAMPLE RECEIPT FORM

Client: MSP Enterprises
 Work Order: 2411131

Does this project fall under: NPDES, RCRA, CLP, Litigation or other EPA guidelines
 Yes or No

Shipping Method: Lab Fed Ex UPS
 Courier: US Postal Other:
 Airbill Number:

Cooler ID	Custody Sealed Yes/No	Custody Seal Intact Yes/No/NA	Ice Present Yes/No	Temperature Actual	Temperature Adjusted	Therm. ID
				24		

If no ice, were the samples received within one hour of collection? Yes No NA
 If samples were collected within 1 to 6 hours, has chilling begun? Yes No NA
 Was a Temperature Blank used? Yes No NA
 If not, temperature was taken from _____ Sample Container Cooler
 Packing Material: Bubblewrap, peanuts, vermiculite, etc. other: Yes No NA

Sample containers received intact	Yes	No	NA
Custody seals present on bottles	Yes	No	NA
Correct containers used for the tests indicated? Whose: BATCO/client	Yes	No	
Correct preservation used	Yes	No	NA
Sample pH < 2 or > 12 for required analysis	Yes	No	NA
Sufficient aliquot of sample for tests indicated	Yes	No	
Samples requiring no headspace, headspace free? (VOA vials cannot have air bubbles greater than 6mm)	Yes	No	NA
Chains of custody filled out properly? (ink, signed, dates, etc.)	Yes	No	
Bottle labels complete and agree with COC? (ID, time, date, preservation?)	Yes	No	
Samples received within holding times for requested analysis?	Yes	No	

If this project is for compliance purposes, do all samples conform (All Yes or NA) to criteria required for the requested analyses? Yes No NA
 If No, the client must be notified before the analysis can be started. A Corrective Action, containing the client contacted, date and time of phone call, who contacted the client and whether the client would like to continue with testing.
 Corrective Action #: _____

** If client request 72 HOUR or less TAT or a sample is received with an EXPIRING or < 72 Holding Times, it is the Signers Responsibility to notify the department immediately. Initial _____
 Signature: [Signature]