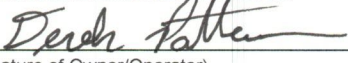



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 3/26/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
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): abandoned house				
Bldg. Name: abandoned house				
Address: 525 Luise street Louise				
City: Hattiesburg		State: MS	Zip: 39401	
Site Location: only building on site			Tel:	
Building Size: 2400 sq ft		# of Floors:	Age in Years: 75	
Present Use: abandoned		Prior Use: home		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: City of Hattiesburg				
Address: 200 Forrest st.				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: City Hall			Tel: 6015454500	
ASBESTOS REMOVAL CONTRACTOR: Derek Patterson				
Address: 414 Phillips rd. East				
City: Moselle		State: MS	Zip: 39459	
Contact: Derek Patterson			Tel: 6012706784	
Certification Number: ABC-00010679			Expiration Date: 3-31-2026	
OTHER OPERATOR: MSP Enterprises				
Address: 683 R.V. Lindley rd.				
City: Moselle		State: 39459	Zip: 39459	
Contact: Mike Patterson			Tel: 601-270-3702	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 3-12-2025	
Inspector: Derek Patterson		Certification Number: ABI-00008582	Expiration Date: 1-30-2026	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Siding material sampled and flooring material/mastic sampled both tested using PLM by Bonner Analytical.				
VII. QUANTITY OF RACM TO BE REMOVED: about 1100 sq ft of flooring and entire exterior of house in siding; estimated around 2,000 sq ft				
Pipes (LN FT):	Surface Area (SQ FT): 3,100		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 04/11/2025			Complete: 04/12/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/22/2025			Complete: 04/23/2025	

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 wet method used.		
XIII. WASTE TRANSPORTER #1		
Name: <u>Derek Patterson</u>		
Address: <u>683 R.V. Lindley rd</u>		
City: <u>Moselle</u>	State: <u>MS</u>	Zip: <u>39459</u>
Contact Person: <u>Derek Patterson</u>		Tel: _____
WASTE TRANSPORTER #2		
Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Contact Person: _____		Tel: _____
XIV. WASTE DISPOSAL SITE		
Name: <u>Pinebelt Regional Landfill</u>		
Address: <u>P.O. Box 389</u>		
City: <u>Petal</u>	State: <u>MS</u>	Zip: <u>39467</u>
Contact Person: <u>James Harrison</u>		Tel: <u>6015456676</u>
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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: Job will be immediately shut down 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.		
<u>Derek Patterson</u> Type or Print Name	 (Signature of Owner/Operator)	<u>3-26-25</u> (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
<u>Derek Patterson</u> Type or Print Name	 (Signature of Owner/Operator)	<u>3-26-25</u> (Date)