

REV

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 4/28/2025		Al Number 86060	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual)							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R and D (see Sec. XI)							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Community Park Apartments							
Address: 120 Gillis Circle							
City: McComb		State: MS		Zip: 39648		County: Pike	
Site Location: Multiple Buildings (APT's)				Tel: 662 773-8132			
Building Size: Appr. 10,000 per bldg (24 bldgs)		# of Floors: 2		Age in Years: 40+			
Present Use: Apt's		Prior Use: Apt's					
IV. FACILITY INFORMATION (identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Hughes Spelling Dev.							
Address: 214 W. Jackson St.							
City: Ridgeland		State: MS		Zip: 39157			
Contact: David Roark		Tel: (662) 769-7000					
ASBESTOS REMOVAL CONTRACTOR: EMP Alfred Martin							
Address: PO BOX 9361							
City: Jackson		State: MS		Zip: 39286			
Contact: Alfred Martin		Tel: 601 922-1919					
Certification Number: ABC 1569 ABC - 00013319				Expiration Date: 2.15.25 2/21/26			
OTHER OPERATOR: Southern Land Mgmt							
Address: 136 Auburn Ave							
City: Nathez		State: MS		Zip: 39120			
Contact: Jody Foster		Tel: 601 807-1960					
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Y							
WAS ASBESTOS PRESENT? (Yes/No): Y				Inspection Date: 6/29/23			
Inspector: Taylor Walker		Certification Number: ABI - 12021		Expiration Date: 3/29/24			
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM - FT, Mastic, Putty, Wall Board (gypsum), textured ceiling, roof shingles and felt, exterior building putty,							
VII. QUANTITY OF RACM TO BE REMOVED: Appr. 120,000 FT, Mastic, <160sf ext. putty							
Pipes (LN FT):		Surface Area (SQ FT): 120,000sf FT, Mastic, <160sf putty		Volume of Facility Components (CU FT):			
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Category I:				Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2.17.25 5/15/25				Complete: 5.31.25 8/30/25			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2.25.25 5/27/25				Complete: 1.31.26 4/30/26			

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

There are 26 buildings. 15 complete abatement and renovation. 11 complete demo using traditional methods.

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

Contain area. Critical barriers. Wet method demo. Proper disposal.

XIII. WASTE TRANSPORTER #1

Name: Waste Management

Address: 29340 Woodside Dr.

City: Walker

State: LA

Zip: 70785

Contact Person: Michael J Eidt

Tel: 662 448-0773

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Woodfield Landfill

Address: 29340 Woodside Dr

City: Walker

State: LA

Zip: 70785

Contact Person: Tabby

Tel: 866 909-4458

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:

Work stopped to further inspect.

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.

Alfred Martin, Phd.

Type or Print Name

(Signature of Owner/Operator)

2.4.25 3/5/25
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred Martin, Phd.

Type or Print Name

(Signature of Owner/Operator)

2.4.25 3/5/25
(Date)