

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 5/15/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: MOUND BAYOU APTS.				
Address 1707 MARTIN LUTHER KING STREET				
City: MOUND BAYOU	State: MS	Zip: 38762	County: BOLIVER	
Site Location: ENTIRE FLOOR		Tel: 662-588-7350		
Building Size 780 SQ.FT.	# of Floors: 1	Age in Years: 50		
Present Use: RESIDENTIAL	Prior Use: RESIDENTIAL			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MISSISSIPPI HOUSING AUTHORITY				
Address: 416 MARTIN LUTHER KING STREET				
City: MOUND BAYOU	State: MS	Zip: 38762		
Contact: RHONDA HUEY	Tel: 662-588-7350			
ASBESTOS REMOVAL CONTRACTOR: GUARANTEE ENVIRONMENTAL SERVICES, LLC				
Address: 16248 PERKINS ROAD				
City: BATON ROUGE	State: LA	Zip: 70810		
Contact: SHANNON RIVETT	Tel: 225-753-8682 EXT. 227			
Certification Number: ABC-00011409	Expiration Date: 7/18/25			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 04/14/25		
Inspector: CHRIS PEARSON	Certification Number: ABI-00002023	Expiration Date: 01/24/26		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: TILE FLOORING AND MASTIC WAS SAMPLED AND TESTED AND RESULTS WERE POSITIVE FOR ASBESTOS				
VII. QUANTITY OF RACM TO BE REMOVED: 780 SQ.FT. OF VCT & MASTIC X 2 LAYERS=total 1560 sq.ft.				
Pipes (LN FT):	Surface Area (SQ FT): 1560	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: 5/27/25			Complete: 5/30/25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

utilize wet removal techniques to keep materials wet so there is no airborne release

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

Double bag asbestos, wet methods, environmental controls utilizing HEPA filtered air scrubbers in containment area.

XIII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 48 Landfill Road

City: Leland

State: MS

Zip:

Tel: 601- 335-9737

Contact Person: Scott Johnson

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Tel:

Contact Person:

XIV. WASTE DISPOSAL SITE

Name: Big River Landfill

Address: 52 Landfill Road

City: Leland

State: MS

Zip: 38756

Tel: 662-332- 6730

Contact Person: Shane Hasselhoff

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:

Stop work, verify suspect material is RACM or not, obtain additional permits if necessary

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.

Shannon Rivett
Type or Print Name

Shannon Rivett
(Signature of Owner/Operator)

5/15/25
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Shannon Rivett
Type or Print Name

Shannon Rivett
(Signature of Owner/Operator)

5/15/25
(Date)