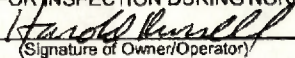
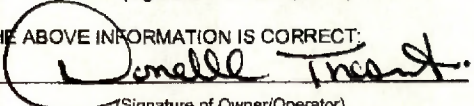


One per block

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark 3/26/21	Date Received (MDEQ use only) 3/26/21	Notification # (MDEQ use only)	
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) O				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Residential				
Address 121 E Kingston St				
City: Laurel	State: MS	Zip: 39440		
Site Location: 121 E Kingston St			Tel:	
Building Size	# of Floors: 1	Age in Years: Over 50 Years		
Present Use: Vacant	Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Willie C. & Benny L. Reed				
Address: 121 E Kingston ST				
City: Laurel	State: MS	Zip: 39440		
Contact:			Tel:	
REMOVAL CONTRACTOR City of Laurel				
Address: 401 N 5th Avenue				
City: Laurel	State: MS	Zip: 39440		
Contact: Donelle Thorton			Tel: (601) 428-6438	
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) Transite siding removed by Joe Venus who sent in his own notice				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
Visual				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
<ol style="list-style-type: none"> Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed 		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area	2320 sqft			Sq Ft: XXX Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/10/2020		Complete: 11/11/2020		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 04/12/2021		Complete: 04/16/2021		

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Demolition of Residence		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
XII. WASTE TRANSPORTER #1		
Name: City of Laurel Public Works		
Address: 2504 Moose Drive		
City: Laurel	State: MS	Zip: 39440
Contact Person: Vincent Townsend		Tel: (601) 428-6455
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIII. WASTE DISPOSAL SITE		
Name: Randy Danny		
Address: 164 Ira G Odom Road		
City: Ellisville	State: MS	Zip: 39437
Tel: (601) 477-3999		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: City of LAurel		Title: Municipality
Authority: City Council		
Date of Order (MM/DD/YY): 2/18/2020		Date Ordered to Begin (MM/DD/YY): April 12, 2021
XV. FOR EMERGENCY RENOVATIONS: N/A		
Date and Hour of Emergency (MM/DD/YY): N/A		
Description of the sudden unexpected event: N/A		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: N/A		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER: Stop demo, Assess material and notify MDEQ		
XVII. 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.		
Harold Russell Type or Print Name	 (Signature of Owner/Operator)	<u>3/26/2021</u> (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Donelle Thornton Type or Print Name	 (Signature of Owner/Operator)	<u>3/26/2021</u> (Date)