

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 6/21/21	Date Received (MDEQ use only) 6/23/21	Notification # (MDEQ use only)		
I. Type of Notification (<input checked="" type="radio"/> =Original <input type="radio"/> =Revised <input type="radio"/> =Canceled <input type="radio"/> = Annual)					
II. TYPE OF OPERATION (<input checked="" type="radio"/> =Demo <input type="radio"/> = Ordered Demo <input type="radio"/> =Renovation <input type="radio"/> =Emer. Renovation)					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <i>Build don't have name on it but it the old Bobby chain build</i>					
Address: <i>1304 West Pine St</i>					
City: <i>Hattiesburg</i>	State: <i>MS</i>	Zip: <i>39401</i>			
Site Location: <i>1304 West Pine St</i>		Tel: <i>601-255-1650</i>			
Building Size: <i>1000</i>	# of Floors: <i>1000</i>	Age in Years:			
Present Use: <i>None</i>	Prior Use:				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <i>Ernest Howlett</i>					
Address: <i>1304 West Pine St</i>					
City: <i>Hattiesburg</i>	State: <i>MS</i>	Zip: <i>39401</i>			
Contact: <i>Ernest Howlett</i>	Tel: <i>601-255-1650</i>				
REMOVAL CONTRACTOR <i>Frederick Environmental LLC</i>					
Address: <i>1422 James St. 111 Townsend St</i>					
City: <i>Hattiesburg</i>	State: <i>MS</i>	Zip: <i>39401</i>			
Contact: <i>Frederick Smith</i>	Tel: <i>601-918-2568</i>				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (<input checked="" type="radio"/> Yes/ <input type="radio"/> No) <i>YES</i>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<i>City of Hattiesburg</i>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes	<i>None</i>	<i>None</i>	<i>None</i>	Ln Ft:	Ln M:
Surface Area	<i>1000</i>	<i>1000</i>	<i>None</i>	Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>7-1-2021</i> Complete: <i>7-3-2021</i>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

7/3 earliest
What is material
Name of Insp.
Date of Insp.

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

Safe handling is the main goal

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

abatement and keep everything wet at all times during removal

Frederick Environmental LLC

XII. WASTE TRANSPORTER #1

Name: Frederick Smith

Address: 111 Transval St

City: Hattiesburg

Contact Person: Frederick Smith

WASTE TRANSPORTER #2

Name:

Address:

City:

Contact Person:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Landfill

Address: P.O. Box 389

City: P.O. Box 389 - Petal

Tel: 601-545-6676

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Authority:

Date of Order (MM/DD/YY):

XV. 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:

Keep it wet at all times

XVII. CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40CFR PART 61, SUBPART M) WILL BE ON SITE 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

Frederick Smith 6-21-2021

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