

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project # 0.0001	Postmark 7/7/2021	Date Received (MDEQ use only) 7/7/21 <i>(emailed)</i>	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Revised					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Multiple Houses					
Bldg. Name: Residential House					
Address: 812 13th Street					
City: McComb	State: MS	Zip: 39648			
Site Location: McComb, MS			Tel:		
Building Size: Several Sizes	# of Floors: 1	Age in Years:			
Present Use: Unoccupied	Prior Use: Home				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: City of McComb					
Address: P.O. Box 667 McComb					
City: Mississippi	State: MS	Zip: 39648			
Contact: Henry Green	Tel: 601-684-4000 ext.104				
REMOVAL CONTRACTOR: Pierce Construction and Contract Hauling Inc.					
Address: 2866 Hwy 494					
City: Union	State: MS	Zip: 39365			
Contact: PJ Pearson	Tel: 601-774-9005				
OTHER OPERATOR: Cramer Pierce					
Address: 2866 Highway 494					
City: Union	State: MS	Zip: 39365			
Contact: Cramer Pierce					
V. IS ASBESTOS PRESENT? (Yes/No) yes					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
Henry Green 3/2/2021					
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				Ln Ft:	Ln M:
Surface Area	tile/sheet/siding			Sq Ft: 15,000	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: July 14, 2021 Complete: July 21, 2021					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: July 14, 2021 Complete: July 21, 2021					

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

Structures are to be abated of asbestos and demolished.

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: Pearson Environmental

Address: 2040 Boxcove East

City: Byrum

State: MS

Zip: 39272

Contact Person: Chris Pearson

Tel: 601-937-1186

WASTE TRANSPORTER #2

Name: Pierce Construction & Contract Hauling, Inc.

Address: 2866 Highway 494

City: Union

State: MS

Zip: 39365

Contact Person: PJ Pearson

Tel: 901-870-1859

XIII. WASTE DISPOSAL SITE

Name: Plantation Oaks Landfill

Address: 35 Shieldboro Road

City: Sibley

State: MS

Zip: 39165

Tel: 601-445-8459

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

Name: City of McComb City

Title:

Authority: Mayor and Board of Selectmen

Date of Order (MM/DD/YY): 4/6/2021

Date Ordered to Begin (MM/DD/YY): 7/5/2021

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:

All listed properties are abandoned and have become a nuisance to the community.

XVI. 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:

All work will cease until the asbestos is removed and conditions are safe enough to continue work.

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.

Henry Green
Type or Print Name

Henry Green
(Signature of Owner/Operator)

7/7/2021
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Henry Green
Type or Print Name

Henry Green
(Signature of Owner/Operator)

7/7/2021
(Date)