

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project # <b>0.0001</b>	Postmark <b>7/7/2021</b>	Date Received (MDEQ use only) <b>7/7/21 (emailed)</b>	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>Revised</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Demo</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Multiple Houses</b>				
Bldg. Name: <b>Residential House</b>				
Address <b>1204 Nelson Avenue</b>				
City: <b>McComb</b>	State: <b>MS</b>	Zip: <b>39648</b>		
Site Location: <b>McComb, MS</b>			Tel:	
Building Size <b>Several Sizes</b>	# of Floors: <b>1</b>	Age in Years:		
Present Use: <b>Unoccupied</b>	Prior Use: <b>Home</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>City of McComb</b>				
Address: <b>P.O. Box 667 McComb</b>				
City: <b>Mississippi</b>	State: <b>MS</b>	Zip: <b>39648</b>		
Contact: <b>Henry Green</b>	Tel: <b>601-684-4000 ext.104</b>			
REMOVAL CONTRACTOR <b>Pierce Construction and Contract Hauling Inc.</b>				
Address: <b>2866 Hwy 494</b>				
City: <b>Union</b>	State: <b>MS</b>	Zip: <b>39365</b>		
Contact: <b>PJ Pearson</b>	Tel: <b>601-774-9005</b>			
OTHER OPERATOR: <b>Cramer Pierce</b>				
Address: <b>2866 Highway 494</b>				
City: <b>Union</b>	State: <b>MS</b>	Zip: <b>39365</b>		
Contact: <b>Cramer Pierce</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>Henry Green 3/2/2021</b>				
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  UNIT
		Category I	Category II	
Pipes				Ln Ft:      Ln M:
Surface Area	tile/sheet/siding			Sq Ft: <b>15,000</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>July 14, 2021</b>			Complete: <b>July 21, 2021</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>July 14, 2021</b>			Complete: <b>July 21, 2021</b>	

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)