MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 11.8.21	Date Received (MDEQ use only) 11.10.21	Notification # (MDEQ use only)

RECEIVED NOV 10 20 Dept. of Environmental

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Site A

Bldg. Name: Old Apt Building

Address 6111 US Hwy 49

City: Hattiesburg MS	State: MS	Zip: 39401
Site Location:		Tel:
Building Size over 10,000 s/f	# of Floors: 2	Age in Years: over 30
Present Use: Vacant	Prior Use: Apartments	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Hub Development

Address: 2901 Arlington Loop

City: Hattiesburg	State: MS	Zip: 39401
Contact: Joel Ingram		Tel: 6012709590

REMOVAL CONTRACTOR Abatement Contractors of Mississippi

Address: 761 Weathersby Rd

City: Hattiesburg	State: MS	Zip: 39402
Contact: Charles W Anderson Jr		Tel: 6012708179

OTHER OPERATOR: Abatement Contractors of Mississippi, Inc (Demolition)

Address: 761 Weathersby Rd

City: Hattiesburg	State: MS	Zip: 39402

Contact: Charles W Anderson Jr 6012708179

V. IS ASBESTOS PRESENT? (Yes/No) Yes Vinyl floor / mastic / ceiling texture / window / Door caulk

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

Inspection By Tony Bryant 9/12 PLM

Roof mastic

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				LnFt:	Ln M:
Surface Area	15350			SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/22/21 Complete: 1/30/22

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/2/21 Complete: 3/28/22

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

Demolition using Heavy Equipment after Asbestos Abatement project is complete

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

Containment, water, Neg air

XII. WASTE TRANSPORTER #1

Name: Abatement Contractors of Mississippi Inc

Address: 761 Weathersby Rd

City: Hattiesburg | State: MS | Zip: 39402

Contact Person: Charles W Anderson Jr | Tel: 6012708179

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Landfill

Address: Hwy 29 North

City: Kosciusko | State: MS | Zip: 39465

Tel: 601 545 6676

XIV. 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):

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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work Notify DEQ and Owner

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.

Charles W Anderson Jr — Type or Print Name

(Signature of Owner/Operator)

11/7/21 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles W Anderson Jr — Type or Print Name

(Signature of Owner/Operator)

11/7/21 — (Date)