MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 11/30/21	Date Received (MDEQ use only) 12/2/21	Notification # (MDEQ use only) AI #80422

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): D

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

Bldg. Name: Valero Station

Address: 6724 US Hwy 49 N 6734

City: Hattiesburg	State: MS	Zip: 39402
Site Location: same		Tel: 601 408 1005
Building Size: 500 sf	# of Floors: 1	Age in Years: >20
Present Use: Store	Prior Use: Store	

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

OWNER NAME: Advanced Building Specialist

Address: 213 Main st

City: Petal	State: MS	Zip: 39465
Contact: Tayor Higgason		Tel: 601 325 8502

REMOVAL CONTRACTOR: Environmental Services

Address: 253 Delk Road

City: Hattiesburg	State: MS	Zip: 39401
Contact: Joe Venus		Tel: 662 567 2879

OTHER OPERATOR: Advanced Building Specialist

Address: 213 Main St

City: Petal	State: MS	Zip: 39465

Contact: Taylor Higgason

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):

Stop work call DEQ, Joe Venus ext siding

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	10			SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/14/21 Complete: 12/14/21

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/14/21 Complete: 12/28/21

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

Demo of two buildings and concrete slab

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

wet materials pick up with hand tools

XII. WASTE TRANSPORTER #1

Name: Environmental Servicves

Address: 253 Delk Road

City: Hattiesburg | State: MS | Zip: 39401

Contact Person: Joe Venus | Tel: 601 408 1005

WASTE TRANSPORTER #2

Name: N/A

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Robo Landfill

Address: 6447 Wahalak Rd

City: Scooba | State: MS | Zip:

Tel: 662 793 4795

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

Name: N/A | 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 call DEQ

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.

Taylor Higgason — Type or Print Name | (Signature of Owner/Operator) | 11/29/21 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Taylor Higgason — Type or Print Name | (Signature of Owner/Operator) | 11/29/21 (Date)