

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received: 3.28.22	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>		<b>RECEIVED</b> <b>MAR 28 2022</b>	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: <b>Eastbrooke Apartments</b>			Dept. of Environmental Quality
Address: <b>418 Lehmberg</b>			
City: <b>Columbus</b>	State: <b>MS</b>	Zip: <b>39702</b>	
Site Location:		Tel:	
Building Size: <b>25,000 sf +/-</b>	# of Floors: <b>1</b>	Age in Years: <b>40 +</b>	
Present Use: <b>apartments</b>		Prior Use:	
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: <b>Hughes Management</b>			
Address: <b>P.O. Box 30</b>			
City: <b>Louisville</b>	State: <b>MS</b>	Zip: <b>39339</b>	
Contact: <b>Jason Spelling / Scott Woodward</b>		Tel: <b>662-773-6269</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Environmental Management Plus, Inc.</b>			
Address: <b>P.O. Box 9361</b>			
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39286</b>	
Contact: <b>Alfred Martin, Jr. Ph.D.</b>		Tel: <b>601-922-1919</b>	
Certification Number: <b>ABC-1568</b>		Expiration Date: <b>March 10, 2023</b>	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>yes</b>			
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>		Inspection Date: <b>10/21</b>	
Inspector: <b>Willie Nester</b>	Certification Number: <b>ABI-2244</b>	Expiration Date: <b>1/19/23</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
floor tile and mastic, roofing material, tjc and sheetrock			
VII. QUANTITY OF RACM TO BE REMOVED:			
Pipes (LN FT):	Surface Area (SQ FT): <b>35,000 sf</b>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:			
Category I:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>4/11/22</b>		Complete: <b>12/31/22</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Asbestos abatement of floor tile/mastic and TJC.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
wet removal, bag and dispose		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: EMP		
Address: P.O. Box 9361		
City: Jackson	State: MS	Zip: 39286
Contact Person:	Tel:	
<b>WASTE TRANSPORTER #2</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Robo Asbestos Landfill		
Address: 6447 Wahalak Rd.		
City: Scooba	State: MS	Zip: 39358
Contact Person: Roland Edmonds	Tel: 800-248-2990	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>XVII. 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.</b>		
All work will be halted until further inspection is conducted.		
<b>XVIII. 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.</b>		
Alfred L. Martin, Jr., Ph.D.	<i>Alfred L. Martin, Jr.</i>	3/25/22
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Alfred L. Martin, Jr., Ph.D.	<i>Alfred L. Martin, Jr.</i>	3/25/22
Type or Print Name	(Signature of Owner/Operator)	(Date)