

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

<input checked="" type="checkbox"/> MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 5.6.2022	Alt Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input type="radio"/> D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Chris Welch				
Bldg. Name: House				
Address: 420 13th Ave				
City: Laurel		State: MS	Zip: 39441	
Site Location: Same		Tel:		
Building Size: 1800		# of Floors: 1	Age in Years: over 20	
Present Use: House		Prior Use: N/A		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Chris Welch				
Address: 391 Sandhill Church Rd				
City: Ellisville		State: MS	Zip: 39437	
Contact: Chris Welch		Tel: 601319 5100		
ASBESTOS REMOVAL CONTRACTOR: Environmental Services				
Address: 253 Delk Road				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Joe Venus		Tel: 601 408 1005		
Certification Number: ABC 00001330			Expiration Date:	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No) <input checked="" type="checkbox"/> yes				
WAS ASBESTOS PRESENT? (Yes/No) <input checked="" type="checkbox"/> yes			Inspection Date: May 2022	
Inspector: Lee roberts		Certification Number: 00009020	Expiration Date: Feb 10 2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Exteriо siding				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 1,000 sf				
Category I: siding			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/20/22			Complete: 5/20/22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

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

N/A

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

Use wet method and hand tools

XIII. WASTE TRANSPORTER #1

Name: Environmental Services

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:

XIV. WASTE DISPOSAL SITE Pine Belt Reg Waste auth

Name: Pine Belt Reg Waste auth

Address: 5274 Old Hwy 29

City: Ohlo

State: MS

Zip: 39446

Contact Person:

Tel:

XV. 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):

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

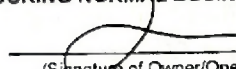
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

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

Stop work call MDEW

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.



Type or Print Name


(Signature of Owner/Operator)

5/5/02
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:


Type or Print Name


(Signature of Owner/Operator)

5/5/02
(Date)