

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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)		Date Received: 9.27.2022		AI Number: 10-3-2022	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R (Section: IV)							
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) Stores							
Bldg. Name: Strip mall							
Address: 10470 D'Iberville Blvd							
City: D'Iberville				State: MS		Zip: 3976	
Site Location: Same							
Building Size: 7200				# of Floors: 1		Age in Years: over 20	
Present Use: Business				Prior Use: Same			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Jeff Jassby							
Address: 8352 Mohonua Place							
City: Diamondhead				State: MS		Zip: 39	
Contact: Jeff Jassby				Tel: 228 216 0900			
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: 1/23			
OTHER OPERATOR: Morreale Construction							
Address: 723 Faith St.							
City: Waveland				State: ms		Zip: 39576	
Contact: Brent morreale				Tel: 228-493-4878			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No) yes							
WAS ASBESTOS PRESENT? (Yes/No) yes				Inspection Date: 8/16/22			
Inspector: Dave bingham				Certification Number: 00001348		Expiration Date: 2/11/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: black mastic							
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: 7200							
Category I:				Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/19/22				Complete: 9/26/22			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-30-22				Complete: 11-30-22			

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: N/A #2 Building to be torn down with excavator + hauled to dump.			
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 #2 Asbestos has been removed			
XIII. WASTE TRANSPORTER #1			
Name: Environmental Services			
Address: 253 Delk Road			
City: Ellisville	State: MS	Zip: 39437	
Contact Person: Joe Everett	Tel: 601 4774263		
WASTE TRANSPORTER #2			
Name: Morreale Construction LLC			
Address: 723 Faith St.			
City: Waveland	State: MS	Zip: 39574	
Contact Person: Brent Morreale	Tel: 228-493-4878		
XIV. WASTE DISPOSAL SITE			
Name: Pine Belt Regional Landfill #2 Gulf Pride Landfill + Earth Moving			
Address: 5274 Hwy 29 South 8400 Jim Ramsay Rd			
City: Overt	State: MS	Zip: 39565	
Contact Person: Mr Smith	Tel: 228-217-7617		
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:			
Water got on the wood gym floor and caused buckling and has to be removed			
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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:			
#2 Stop work, contact asbestos inspector prior to disturbing any uncovered materials.			
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.			
Joe Venus	#2 Brent Morreale	9-27-22	9/2/22
Type or Print Name	(Signature of Owner/Operator)		(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:			
Joe Venus	#2 Brent Morreale	9-27-22	9/2/22
Type or Print Name	(Signature of Owner/Operator)		(Date)