

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 07-21-2023	AI Number
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: Res-2			
Address: 5929 Gilmer Wilburn Rd			
City: Columbus	State: MS	Zip: 39701	
Site Location: throughout			Tel:
Building Size: 2000+/-SF	# of Floors: 2	Age in Years: 50+	
Present Use: Abandoned	Prior Use: Residence		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Origis Energy			
Address: 800 Brickell Ave, Ste 1000			
City: Miami	State: FL	Zip: 33131	
Contact: Daniel Ferrell			Tel: 786.757.4332
ASBESTOS REMOVAL CONTRACTOR: Ambipar Response OSE, LLC			
Address: 4800 Division Ave			
City: Birmingham	State: AL	Zip: 35222	
Contact: Duane Boatright			Tel: 205.546.0205
Certification Number: ABC-0012258		Expiration Date: 5/19/2024	
OTHER OPERATOR: RES Group Inc			
Address: 1601 19th St, Ste 400			
City: Denver	State: CO	Zip: 80202	
Contact: Ryan Liese			Tel: 972.822.8290
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 5/23/23	
Inspector: Edward Lesniak	Certification Number: ABI-00001230	Expiration Date: 6/20/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Analytical Testing - throughtout - Siding, joint compound/drywall, window glaze			
PLM - Bulk samples: testing			
VII. QUANTITY OF RACM TO BE REMOVED: transite siding, joint compound, window glaze			
Pipes (LN FT):	Surface Area (SQ FT): 1500sf	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: 8/3/23		Complete: 8/10/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/10/23		Complete: 8/31/23	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
complete structural demo		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Wet methods, component removal		
XIII. WASTE TRANSPORTER #1		
Name: Ambipar Response OSE, LLC		
Address: 4800 Division Ave		
City: Birmingham	State: AL	Zip: 35222
Contact Person: Duane Boatright	Tel: 205.546.0205	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Big Sky Environmental		
Address: 5100 Flat Top Road		
City: Adamsville	State: AL	Zip: 35005
Contact Person: Shannon Humphrey	Tel: 205.743.0080	
XV. 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):	
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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:		
Sample, Notify, Abate		
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.		
Duane Boatright	<i>Duane Boatright</i>	7-21-23
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Duane Boatright	<i>Duane Boatright</i>	7-21-23
Type or Print Name	(Signature of Owner/Operator)	(Date)