

# 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 8-2-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Walthall Co Court House				
Address: 200 Ball Ave				
City: Tylertown		State: MS	Zip: 39667	
Site Location: Same		Tel: 601 876 5677		
Building Size: 10,000		# of Floors: 2	Age in Years: > 20	
Present Use: occupied		Prior Use: court rooms and offices		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: City of Tylertown				
Address: 308 Beulah Ave				
City: Tylertown		State: MS	Zip: 39667	
Contact: Walker Jamison		Tel: 601 544 7743		
ASBESTOS REMOVAL CONTRACTOR: Enviroinmental Services				
Address: 253 Delk Road				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Joe Venus		Tel: 601408 1005		
Certification Number: ABC00001330			Expiration Date: Jan 3 2024	
OTHER OPERATOR: N/A				
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, assumed			Inspection Date: July 26, 2023	
Inspector: Joe Venus		Certification Number: ABI00001353		Expiration Date: June 25, 2024
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: asbestos floor tile and black mastic, Assumed				
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: 850 sf				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/16/23			Complete: 8/16/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A (not deecided)			Complete:	



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

Remove floor tile and black mastic from bldg using hand tools

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

Wet material and remove by hand using hand tools while inside containment with neg airs

**XIII. WASTE TRANSPORTER #1**

Name: Environmental Services

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: joe

Tel: 6014081005

**WASTE TRANSPORTER #2**

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Pine Belt Regional Waste Authority

Address: PO Box 389

City: Petal

State: MS

Zip: 39465

Contact Person: Mr Smith

Tel: 601 545 6676

**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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

Stop work call DEQ

**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

Type or Print Name

(Signature of Owner/Operator)

8/2/23

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

8/2/23

(Date)