

MDEQ Use Only:	<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual):				O	08-11-2023	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation):				R		
III. FACILITY DESCRIPTION (include building name, number and floor or room number): <u>Triplet-Dug Building</u>						
Bldg. Name: <u>Former Triplet-Dug Drug Building</u>						
Address: <u>2429 14th Street</u>						
City:	<u>Gulfport</u>	State:	<u>MS</u>	Zip:	<u>39501</u>	Tel:
Site Location:	<u>Same</u>					
Building Size:	<u>3,500 SF</u>	# of Floors:	<u>2</u>	Age in Years:	<u>Over 50</u>	
Present Use:	<u>Vacant</u>	Prior Use:	<u>Drug Store (Drug Company)</u>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)						
OWNER NAME: <u>Ryan Goldin of Iconic Buildings, LLC</u>						
Address: <u>12321 Preservation Drive</u>						
City:	<u>Gulfport</u>	State:	<u>MS</u>	Zip:	<u>39503</u>	Tel:
Contact:	<u>Rachel Kistler</u>					
ASBESTOS REMOVAL CONTRACTOR: <u>ABATEment Pro's LLC</u>						
Address: <u>217 Palston Road</u>						
City:	<u>Hattiesburg</u>	State:	<u>MS</u>	Zip:	<u>39401</u>	Tel:
Contact:	<u>Lee Roberts</u>					
Certification Number:	<u>ABC-00011371</u>	Expiration Date:	<u>1-03-2024</u>			
OTHER OPERATOR:						
Address: <u>N/A</u>						
City:		State:		Zip:		Tel:
Contact:						
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u>						
WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>		Certification Number: <u>ARI-00001348</u>		Inspection Date: <u>7-21-2022</u>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:						
<u>9x9 Vinyl Flooring & adhesive, 12" Vinyl Flooring, ceiling Tiles, plaster walls</u> <u>Sheetrock & joint compound walls & ceiling. (PLM) Polarized light microscopy</u> <u>was performed; And the 9x9 Vinyl floors and Grout Adhesive was found to</u> <u>be ACM material positive.</u>						
VII. QUANTITY OF RACM TO BE REMOVED: <u>3,440 sq feet of 9x9 Vinyl Flooring & Grout Adhesive</u>						
Pipes (LN FT):		Surface Area (SQ FT):		Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:						
Category I:		Category II:				
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DDYY) Start: <u>8-25-2023</u> Complete: <u>8-27-2023</u>						
X. SCHEDULED DATES DEMO/RENOVATION (MM/DDYY) Start: <u>Not decided</u> Complete:						

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

owner will reuse his notification form once he decide a shavings date for renovation..
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: will build a poly containment for entire building using A decon - negative air pressure machines, wet method and hand tools..

XIII. WASTE TRANSPORTER #1

Name: ABATEment Pro's LLC
Address: 217 Balston Road
City: Hattiesburg State: MS Zip: 39401
Contact Person: Lee Roberts Tel: 601 408-5558

WASTE TRANSPORTER #2

Name: N/A
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional Waste Landfill
Address: 5274 Ms-29
City: Overt State: MS Zip: 39464
Contact Person: Mr. Smith Tel: 601 545-2121

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):

XVII. 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:

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

STOP work and call MDEQ

XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON SITE 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.

Lee Roberts (Signature of Owner/Operator) Lee Roberts (Signature of Owner/Operator) 8-11-23 (Date) 8-11-23 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lee Roberts (Signature of Owner/Operator) Lee Roberts (Signature of Owner/Operator) 8-11-23 (Date) 8-11-23 (Date)