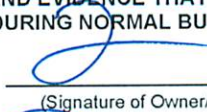



# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 <b>08-21-2023</b>	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): <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>House Building (corner of 11th and 10th)</b>				
Address: <b>928 n 11th ave</b>				
City: <b>Laurel</b>		State: <b>MS</b>	Zip: <b>39441</b>	
Site Location: <b>Same</b>			Tel: <b>601 5497738</b>	
Building Size: <b>1,800</b>		# of Floors: <b>1</b>	Age in Years: <b>&gt; 20</b>	
Present Use: <b>occupied</b>		Prior Use: <b>rental</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>CEME Inc</b>				
Address: <b>PO Box 23</b>				
City: <b>Laurel</b>		State: <b>MS</b>	Zip: <b>39441</b>	
Contact: <b>Brice Bedwell</b>			Tel: <b>601 498 3007</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Environnemental Services</b>				
Address: <b>253 Delk Road</b>				
City: <b>Hattiesburg</b>		State: <b>MS</b>	Zip: <b>39401</b>	
Contact: <b>Joe Venus</b>			Tel: <b>601408 1005</b>	
Certification Number: <b>ABC00001330</b>			Expiration Date: <b>Jan 3 2024</b>	
OTHER OPERATOR: <b>N/A</b>				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes,</b>			Inspection Date: <b>August 4, 2023</b>	
Inspector: <b>Joe Venus</b>		Certification Number: <b>ABI00001353</b>	Expiration Date: <b>June 25, 2024</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>asbestos roofing materials, PLM analysis</b>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
<b>1,650 sf</b>				
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9/4/23</b> Complete: <b>9/5/23</b>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>N/A (not decided)</b> Complete:				

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Remove roofing from bldg using hand tools <span style="float:right; color:blue;">2nd phase demo bldg</span>		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Wet material and remove by hand using hand tools		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Environmental Services		
Address: 253 Delk Road		
City: Hattiesburg	State: MS	Zip: 39401
Contact Person: joe	Tel: 6014081005	
<b>WASTE TRANSPORTER #2</b>		
Name: N/A		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Pine Belt Regional Waste Authority		
Address: PO Box 389		
City: Petal	State: MS	Zip: 39465
Contact Person: Mr Smith	Tel: 601 545 6676	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: N/A	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:</b> Stop work call DEQ		
<b>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.</b>		
Joe Venus		8/21/23
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Joe Venus		8/21/23
Type or Print Name	(Signature of Owner/Operator)	(Date)