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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 08-28-2023	AI Number 84460
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): House			
Bldg. Name: House			
Address: 605 Lafayette St			
City: Hattiesburg	State: MS	Zip: 39401	
Site Location: 605 Lafayette St		Tel: 601 520 2822	
Building Size: 1200 SF	# of Floors: 1	Age in Years: > 20	
Present Use: empty	Prior Use: same		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: William Carey University			
Address: 498 Tuscan Ave			
City: Hattiesburg	State: MS	Zip: 39401	
Contact: Bob Blivens	Tel: 601 408 4088		
ASBESTOS REMOVAL CONTRACTOR: Envoironmental Services			
Address: 253 Delk Road			
City: Hattiesburg	State: MS	Zip: 39401	
Contact: Joe venus	Tel: 6014081005		
Certification Number: 0001330	Expiration Date: Jan 3 2024		
OTHER OPERATOR: Fairley Construction Services, INC			
Address: 828 Hwy 11			
City: Petal	State: MS	Zip: 39465	
Contact: Stephen Fairley	Tel: 601-408-9808		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes			
WAS ASBESTOS PRESENT? (Yes/No): yes		Inspection Date: August, 4 2023	
Inspector: Joe Venus	Certification Number: ABI00001353	Expiration Date: Feb 9, 2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: asbestos floor tile and black mastic, PLM analysis			
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: 75 sf			
Category I:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/28/23		Complete: 8/28/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/30/23		Complete: 9/7/23	

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

Remove floor tile and mastic from bldg using hand tools ~ Demo house

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Stephen Farley

(Signature of Owner/Operator)

8/28/23

Type or Print Name

(Signature of Owner/Operator)

(Date)