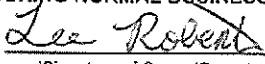



REV

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 8.28.2023	AI Number 82424
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): VACANT				
Bldg. Name: VACANT HOUSE				
Address: 117 WEST ALLEY				
City: MCCOMB		State: MS	Zip: 39648	
Site Location: SAME			Tel:	
Building Size: 1400 SQUARE FEET		# of Floors: 1	Age in Years: OVER 20	
Present Use: VACANT		Prior Use: RESIDENCE		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: CITY OF MCCOMB				
Address: P O BOX 667				
City: MCCOMB		State: MS	Zip: 39648	
Contact: HENRY GREEN			Tel: (601) 249-9628	
ASBESTOS REMOVAL CONTRACTOR: ABATEMENT PROS LLC				
Address: 217 RALSTON ROAD				
City: HATTIESBURG		State: MS	Zip: 39601	
Contact: LEE ROBERTS			Tel: (601) 408-5558	
Certification Number: ABC-00011371			Expiration Date: 01/03/2024	
OTHER OPERATOR: TOM ELLIS DOZER SERVICE				
Address: 2110 VAN NORMAN CURVE				
City: MCCOMB		State: MS	Zip: 39648	
Contact: TOM ELLIS			Tel: (601) 600-1617	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 05/04/2023	
Inspector: HENRY GREEN		Certification Number: ABI-00009946	Expiration Date: 01/05/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EXTERIOR SIDING TRANSITE (PLM) ASBESTOS ANALYSIS WAS PREFORMED.				
VII. QUANTITY OF RACM TO BE REMOVED: 1,400 SQ FT EXTERIOR TRANSITE SIDING				
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/DD/YY) Start: 09/07/2023			Complete: 09/07/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09/12/2023			Complete: 09/30/2023	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: STRUCTURES ARE TO BE ABATED OF ASBESTOS AND DEMOLISHED		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: PROPER PPC, SPRAYING WATER FROM WATER HOSE, WET METHOD AND USING HAND TOOLS.		
XIII. WASTE TRANSPORTER #1		
Name: ABATEMENT PROS LLC		
Address: 217 RALSTON ROAD		
City: HATTIESBURG	State: MS	Zip: 39401
Contact Person: LEE ROBERTS	Tel: (601) 408-5558	
WASTE TRANSPORTER #2		
Name: TOM ELLIS DOZER SERVICE		
Address: 2110 VAN NORMAN CURVE		
City: MCCOMB	State: MS	Zip: 39648
Contact Person: TOM ELLIS	Tel: (601) 684-4522	
XIV. WASTE DISPOSAL SITE		
Name: MAGNOLIA LANDFILL		
Address: 2103 MS 48 E		
City: MAGNOLIA	State: MS	Zip: 39652
Contact Person: RED	Tel: (601) 600-1617	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: CITY OF MCCOMB	Title:	
Authority: MAYOR AND BOARD OF SELECTMEN		
Date of Order (MM/DD/YY): 08/15/2023	Date Ordered to Begin (MM/DD/YY): 09/11/2023	
XVI. FOR EMERGENCY RENOVATIONS:		
Date and Hour of Emergency (MM/DD/YY): N/A		
Description of the sudden unexpected event: N/A		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: PROPERTY WAS ABANDONED AND HAS BECOME A NUISANCE TO THE COMMUNITY.		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, 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 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.		
LEE M ROBERTS		08/09/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
HENRY GREEN		08/09/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)