

# 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>6/13/2024</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>0</b>				
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): <b>VACANT House</b>				
Bldg. Name: <b>VACANT House</b>				
Address: <b>318 East 18th Street</b>				
City: <b>Laurel</b>		State: <b>MS</b>	Zip: <b>39440</b>	
Site Location: <b>SAME</b>		Tel: <b>601 319-4746</b>		
Building Size: <b>3,200 SF</b>		# of Floors: <b>1</b>	Age in Years: <b>Over 20</b>	
Present Use: <b>VACANT</b>		Prior Use: <b>Residence</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>City of Laurel</b>				
Address: <b>401 North 5th Avenue</b>				
City: <b>Laurel</b>		State: <b>MS</b>	Zip: <b>39440</b>	
Contact: <b>Donelle Thornton</b>		Tel: <b>601 319-4746</b>		
ASBESTOS REMOVAL CONTRACTOR: <b>ABATEMENT PRO'S LLC</b>				
Address: <b>6 Tucker Road</b>				
City: <b>Hattiesburg</b>		State: <b>MS</b>	Zip: <b>39401</b>	
Contact: <b>Lee Roberts</b>		Tel: <b>601 408-5558</b>		
Certification Number: <b>ABC-00011371</b>		Expiration Date: <b>1-02-2025</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>6-04-2024</b>		
Inspector: <b>Lee Roberts</b>		Certification Number: <b>ABI-00009020</b>	Expiration Date: <b>2-07-2025</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>12x12 Floor tiles - Black Mastic - Roof Shingles - Roof Felt - Wall Sheetrock - Ceiling Sheetrock - Ceiling Texture. A (PLM) Asbestos Analysis was performed...</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>3000 Square Feet of 12x12 Floor tiles and black mastic</b>				
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: <b>6-27-2024</b> Complete: <b>6-30-2024</b>				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:				

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

Wear proper PPE, build poly containment - spray water from hose - wet method  
And use hand tools.

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

build Poly containment - proper barricade tapes - wear proper PPE, spray water from hose - use wet method and hand tools...

XIII. WASTE TRANSPORTER #1

Name: ABATEment Pro's LLC

Address: 6 Tucker Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: LEE Roberts

Tel: 601 408-5558

WASTE TRANSPORTER #2 N/A

Name:

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):

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 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

Type or Print Name

Lee M. Roberts

(Signature of Owner/Operator)

6-13-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

LEE M. Roberts

Type or Print Name

Lee M. Roberts

(Signature of Owner/Operator)

6-13-24

(Date)