MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 Date Received 12-04-2024 Al Number Postmark (mail only) MDEQ Use Only: □Hand Delivery ⊒Mail **X**Émail I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer, Renovation): III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Abandoned house Bldg. Name: Abandoned Lowe Address: 717 New Orleans st. Zip: 39401 State: MS city: Hatticsburg Site Location: Only building on address Building Size: 1400 30. ft. # of Floors: Present Use: abandoned Prior Use: home. IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: City of Hattics burg Address: 200 Forrest st. ZiD: 39401 45 State: city: Hattiesburg Tel: 6015454500 Contact: City hall ASBESTOS REMOVAL CONTRACTOR DEVEK Patterson Address: 414 Phillips rd. East State: M5 Zip: 39459 city: Moselle Tel: 601-270-6784 Contact Derck Patterson Expiration Date: 2-5-25 Certification Number: A65-00610707 ABC-00010679 OTHER OPERATOR: MSP Enterprises Zip: 39459 State: MS city: Moselle Tet: 601-270-3702 Contact: Mike Patterson V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes Inspection Date 1/-18-24 11/7/24 see attached report WAS ASBESTOS PRESENT? (Yes/No): Yes Inspector: Derek Patterson | Certification Number: ABT-00008582 | Expiration Date: 2-6-25
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Roof materials sampled and tested using PLM by Bonner Analytical Per inspector Patterson no other suspect materials to be tested. VII. QUANTITY OF RACM TO BE REMOVED: entire roof of home (1400 so ff.) Surface Area (SQ FT): 1400 sq ft. Volume of Facility Components (CU FT) Pipes (LN FT): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A Category II: Category I: IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12 -16-24 Complete: 12-17-24 Complete: 12 30-24 X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12-19-24

XI. DESCRIPTION OF PLANNED DEMOLITION OR REN	OVATION WORK AND A	AETHOR(6) TO BE USED	
demolition of ethydrice by man	1 1	1.	
XII. DESCRIPTION OF WORK PRACTICES AND ENGINE DEMOLITION OR RENOVATION SITE:	ERING CONTROLS TO	chinery Be used to prevent emissions of Asbestos at th	E
II.			_
XIII. WASTE TRANSPORTER #1 Devck Patterson	use wet method	to prevent enissions	
Name Derck Patterson	MSP Enterpris	લ્ડ	
Address: 414 Phillips rd. East			
City: Moselle			
Contact Person Devck Patterson	State: A S	Zip: 39 459	
TOTAL CONTRACTOR OF THE CONTRA		Tel: 60/-270-6784	
WASTE TRANSPORTER #2 Nonc			
Address:			
City			
Contact Person	State:	Zip:	
XIV. WASTE DISPOSAL SITE		Tel:	
Name: Pinchelt Regional Landfill Address: P.O. Box 389			
city Petal	State MS		
Contact Person: James Harrison	State: 75	Zip: 39467	
	4+55000 1+38 00-9 00 0 0 0 0 0 1 1 2 V 0	Tel: 601-545-6676	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGE Name:	NCY, PLEASE IDENTIFY	THE AGENCY BELOW:	
Authority		itle:	
Date of Order (MM/DD/YY)		1	
XVI. FOR EMERGENCY RENOVATIONS:	Date Ord	fered to Begin (MM/DD/YY)	
Date and Hour of Emergency (MM/DD/YY):			
Description of the sudden unexpected event:			_
Explanation of how the event caused unsafe conditions or work	uld cause equipment dam	age or an unreasonable financial burden	
		manual surgeri.	
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBL	IN THE EVENT THAT U	NEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY	
NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBL	ED, PULVERIZED, OR R	EDUCED TO POWDER:	1
The job will be shut down immedia	oley and MDE	9 and City of Hattiesburg notified.	
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE S	0011101101101		
ONSITE DURING THE DEMOLITION OR RENOVATION, AN THIS PERSON WILL BE AVAILABLE FOR INSPECTION DU	D EVIDENCE THAT THE RING NORMAL BUSINE	REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY	1
Derek Patterson	Devel At	<i>1</i> —	ı
Type or Print Name	(Signature of Owner/Opera	11-25-24 (Date)	
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORR Devek Atterson	Dered Atta		
Type or Print Name	(Signature of Owner/Opera	11-25-24 (Date)	
			11







November 11, 2024

MSP Enterprises 683 R.V. Lindley Road Moselle, MS 39459

Attn: Derek Patterson

REPORT NO.: 2411131

PROJECT NO.: 717 New Orleans St.

Please find enclosed the analytical report, including the Sample Summary, Sample Narrative and Chain of Custody for your sample set received November 7, 2024.

If you have any questions about the results, please call. Thank you for using Bonner Analytical Testing for your analytical needs.

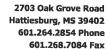
Sincerely,

Approved by:

Michael S. Bonner, Ph.D.

Cll.S. Bonnel

I certify that the data contained in this report has been generated and reviewed in accordance with the BATCO 's QAP & SOPs developed under giudelines provided by NELAC, EPA, ASTM or other certifed test methods. Exceptions, if any, are discussed in the sample narrative. Samples will be retained for 30 days from the date of this report, then disposed in an appropiate manner. Bonner reserves the right to return samples identified as hazardous. Release of this Final Report is authorized as verified by the following signature.





MSP Enterprises

Project: Asbestos

683 R.V. Lindley Road

Project Number: 717 New Orleans St.

Moselle MS, 39459

Project Manager: Derek Patterson

Received: 11/07/2024 10:53

Reported: 11/11/2024 14:56

Sample Name: Roof Sample #1 Lab ID: 2411131-01 Sample Date&Time: 11/07/24 10:00

Analyte	Results	MDL	MRL	Units	Batch	Analyst	Prepared	Analyzed	Qualifiers
Microscope by PLM									
Asbestos	10		1	%	B4K1143	KAW	11/08/2024 15:00	11/08/2024 15:00	
Asbestos	10		1	%	**	KAW	#		
Asbestos	10		Ĩ	%	*	KAW	7	75	





MSP Enterprises

Project: Asbestos

683 R.V. Lindley Road

Project Number: 717 New Orleans St.

Moselle MS, 39459

Project Manager: Derek Patterson

Received: 11/07/2024 10:53

Reported: 11/11/2024 14:56

Sample Name: Roof Sample #2 Lab ID: 2411131-02 Sample Date&Time: 11/07/24 10:00

Analyte	Results	MDL	MRL	Units	Batch	Analyst	Prepared	Analyzed	Qualifiers
Microscope by PLM									
Asbestos	10		1	%	B4K1143	KAW	11/08/2024 15:00	11/08/2024 15:00	
Asbestos	10		Ā	%	(#)(KAW	0.002	"	
Asbestos	10		1	%	(a):	KAW	360	(00)	





MSP Enterprises

Project: Asbestos

683 R.V. Lindley Road

Project Number: 717 New Orleans St.

Moselle MS, 39459

Project Manager: Derek Patterson

Received: 11/07/2024 10:53

Reported: 11/11/2024 14:56

CASE NARRATIVE SUMMARY

All reported results are within Bonner Analytical Testing Co. defined laboratory QAQC objectives unless listed below or otherwise qualified in this report.

Qualifications:

Analyte & Samples(s) Qualified:

Notes:

$$\begin{split} MRL &= Method \ Reporting \ Limit \\ MDL &= Method \ Detection \ Limit \\ ND &= Not \ Detected, \ below \ detection \ limit \\ U &= Below \ the \ minimum \ detection \ limit \\ J &= Detected, \ below \ reportable \ limit \\ D &= Dilution \ performed \end{split}$$

ug/l = Microgram per Liter = parts per billion (ppb)
ug/kg = Microgram per kilogram = parts per billion (ppb)
mg/l = Millgram per liter parts per million (ppm)
mg/kg = Millgram per kilogram parts per million (ppm)
CFU = Colony forming units





MSP Enterprises

683 R.V. Lindley Road

Moselle MS, 39459

Received: 11/07/2024 10:53

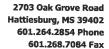
Project: Asbestos

Project Number: 717 New Orleans St.

Project Manager: Derek Patterson

Reported: 11/11/2024 14:56

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Qualifier





MSP Enterprises

Project: Asbestos

683 R.V. Lindley Road

Project Number: 717 New Orleans St.

Moselle MS, 39459

Project Manager: Derek Patterson

Received: 11/07/2024 10:53

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Certified Analyses included in this Report

Analyte

CAS#

Certifications

List of Certifications

Code	Description	Number	Expires
C-1	Ms Department of Health (Coliform, E coli & HPC)	MS00013	12/31/2024
C-2	La Environmental Lab Accreditation Program	03002	06/30/2025
C-3	National Environmental Lab Accreditation Program	TNI02178	06/30/2025
C-4	USEPA CLP	68HERH20D0009	05/17/2027

Z=ZnOAC E=EDTA Work Order Number: A 24/1/3 Remarks Remarks PR Time Jate Time Jate Time	S Date Dat	Company MSP Enterprises And TWO (Sludge), SO=(Soil), AS=(asbestos), LP	CLIENT PROJECT NAME 7/7 Mess Orleans 5+ TIME MATRIX* 11-7-24 10:00 11-7-24 10:00 Print Name Perck Patterson Perck Patterson Perck Patterson Derck Patterson Derck Patterson Statement Print Name Derck Patterson Derck	CLENT PROJECT NO. CLENT PROJECT NAME CLENT P
			FAX:	22
N=HNO ₃ S=H ₂ SO ₄ Turn Around Time	S=F	PARAMETERS FOR ANALYSIS		
2	Fax No. 60	2703 Oak Grove Road, Hattlesburg, MS 39402 Phone No. 601-264-2854 Fax No. 601-268-7084		
T _A	The state of the s	CARA	ZIP: 39459	STATE: /
	1	はこと	a.	STREET ADDRESS: 683 R.U. L'Adley

** IF client request 72 HOUR or less TAT or a sample is received with an EXPIRING or < 72 Holding Times, it is the Signers Responsibility to notify the department immediately. Signature:	Corrective Action #:	If No, the client must be notified before the analysis can be started. A Corrective Action, containing the client contacted, date and time of phone call, who contacted the client and whether the client would like to continue with testing.	If this project is for compliance purposes, do all samples conform (All Yes or NA) to criteria required for the requested analyses?	anuls, vermiculite, ice, Yes No	If no ice, were the samples received within one hour of collection? Yes No NA If samples were collected within 1 to 6 hours, has chilling begun? Yes No NA Was a Temperature Blank used?				Custody Custody Seal Intact Present Temperature Temperature Therm. ID Yes/No Yes/No/NA Yes/No Actual Adjusted Therm. ID	Airbill Number:	Client Lab Fed Ex UPS Courier US Postal Other:	Chipping Mother	Does this project fall under: NPDES, RCRA, CLP, Litigation or other EPA guidelines Yes or No	Client: 059 Styluses Work Order: 2411131
ss, it is the Signers Responsibility to notify the department immediately. DCN: BA-002 REV# 1.7 ED:03/15/2022		ent contacted, date and time of phone call, who contacted the client and whether the client would like to	uired for the requested analyses? Yes No NA	Samples received within holding times for requested analysis? Yes No	Bottle labels complete and agree with COC? (ID, time, date, yes No	Chains of custody filled out properly? (ink, signed, dates, etc.)	Samples requiring no headspace, headspace free? (VOA vials cannot Yes No NA	Sufficient aliquot of sample for tests indicated Yes No	Sample pH <2 or >12 for required analysis Yes No NA	Correct preservation used Yes No NA	Correct containers used for the tests indicated? Whose: BATCO/Client Yes No	Custody seals present on bottles Yes No NA	Sample containers received intact Yes No NA	SAMPLE RECEIPT FORM