

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 12/20/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input checked="" type="checkbox"/> R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Building 1 <i>Asbestos Flooring in Spots Throughout Building</i>				
Address: 5448 US Hwy 49 South				
City: Hattiesburg		State: MS	Zip: 39401	County: Forrest
Site Location: Hattiesburg PRCC Campus			Tel: 6012708179	
Building Size: over 5000 S/f		# of Floors: 1	Age in Years: over 30	
Present Use: Classrooms College		Prior Use: Classrooms College		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Pearl River Community College				
Address: 101 HWY 11 North				
City: Poplarville		State: MS	Zip: 39470	
Contact:			Tel: 6012708179	
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc				
Address: 761 Weathersby Rd				
City: Hattiesburg		State: MS	Zip: 39402	
Contact: Charles W Anderson Jr			Tel: 6012708179	
Certification Number: ABC-00003976			Expiration Date: 11/30/25	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: Sept- 11 -2024	
Inspector: Jonathan Muirhead		Certification Number: ABI-00010589	Expiration Date: 11/14/2024 10/9/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Inspection Using PLM Materials Sampled, Ceiling, Windows/Doors, Flooring, Drywall, Insulation				
VII. QUANTITY OF RACM TO BE REMOVED: 3800 s/f Flooting and Mastic and 40 L/F cove base mastic				
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: 1/6/25			Complete: 7/15/25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/1/25			Complete: 1/1/26	

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

Removal of Flooring and Cove Base for Renovation

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

Critical Barriers, Neg Air, Water

XIII. WASTE TRANSPORTER #1

Name: Abatement Contractors of Mississippi, Inc

Address: 761 Weathersby Rd

City: Hattiesburg

State: MS

Zip: 39402

Contact Person: Charles W Anderson Jr

Tel: 6012708179

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Solid Waste

Address: 5274 MS-29

City: Overtt

State: MS

Zip: 39464

Contact Person:

Tel: 6015452121

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

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:

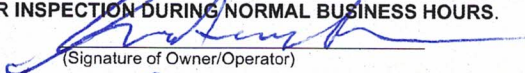
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

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 Notify owner and 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.

Charles W Anderson Jr
Type or Print Name


(Signature of Owner/Operator)

12/20/24
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles W Anderson Jr
Type or Print Name


(Signature of Owner/Operator)

12/20/24
(Date)