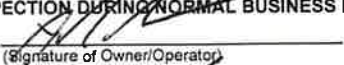



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 2/13/2025	AI Number
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) Demo / E				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Vacant				
Bldg. Name: No Name				
Address 514 E Pine St				
City: Hattiesburg		State: MS	Zip: 39401	County: Forrest
Site Location:			Tel:	
Building Size 7200 SQ FT		# of Floors: 1	Age in Years: 22	
Present Use: Vacant		Prior Use: Automotive Parts Supply		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: City OF HATTIESBURG				
Address: 200 Forrest St				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Wiley Quinn			Tel: 601 466 8166	
ASBESTOS REMOVAL CONTRACTOR: John T. Lee II				
Address: 1728 Mount Zion Rd				
City: Magee		State: MS	Zip: 39111	
Contact: John T. Lee III			Tel: 601 808 9266	
Certification Number: 00003364 ABC			Expiration Date: 05/07/2025	
OTHER OPERATOR: Flanagan Construction				
Address: 36 Power Ln				
City: Hattiesburg		State: MS	Zip: 39402	
Contact: Andrew Weber			Tel: 601 297 3764	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Assumed				
WAS ASBESTOS PRESENT? (Yes/No): Assumed			Inspection Date: 2/13/2025	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Ceiling Tile, Drywall all so preassumed debris				
VII. QUANTITY OF RACM TO BE REMOVED: 500sq ft				
Pipes (LN FT): 0		Surface Area (SQ FT): 500Sqft	Volume of Facility Components (CU FT): 500	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 02/16/2025			Complete: 02/21/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 02/16/2025			Complete: 02/21/2025	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Demo and clean up falling building		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Using water to wet down debris when loading		
XIII. WASTE TRANSPORTER #1 All Pro Disposal		
Name: All Pro Disposal		
Address: 1 Commerce Dr Ste 200		
City: HAttiesburg	State: MS	Zip: 39402
Contact Person: Marie	Tel: 1 800 735 1233	
WASTE TRANSPORTER #2 All Pro Disposal		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE Runnelstown MS		
Name: Pine Belt Regional Waste		
Address: 5274 MS 29		
City: Ovelt	State: MS	Zip: 39464
Contact Person:	Tel: 601 545 2121	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: City Of Hattiesburg	Title: Director Of Urban Development	
Authority: Wiley Quinn		
Date of Order (MM/DD/YY): 01/29/2025	Date Ordered to Begin (MM/DD/YY): 02/10/2025	
XVI. FOR EMERGENCY RENOVATIONS: Demo		
Date and Hour of Emergency (MM/DD/YY): 01/29/2025		
Description of the sudden unexpected event:		
Building falling in and unsafe		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
roof collapsed in and weather rotted structure		
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
Using water to wet debris to be hauled to waste site		
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.		
Andrew Weber		2/14/2025
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Andrew Weber		2/14/2025
Type or Print Name	(Signature of Owner/Operator)	(Date)