

# 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>3/5/2025</b>	AI Number <b>86060</b>
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <span style="float: right; font-size: 2em;">C</span> <i>Cancelled postponed</i>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R and D (see Sec. XI)				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>Community Park Apartments</b>				
Address: <b>120 Gillis Circle</b>				
City: <b>McComb</b>	State: <b>MS</b>	Zip: <b>39648</b>	County: <b>Pike</b>	
Site Location: <b>Multiple Buildings (APT's)</b>		Tel: <b>662 773-8132</b>		
Building Size: <b>Appr. 10,000 per bldg (24 bldgs)</b>	# of Floors: <b>2</b>	Age in Years: <b>40+</b>		
Present Use: <b>Apt's</b>	Prior Use: <b>Apt's</b>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Hughes Spelling Dev.</b>				
Address: <b>214 W. Jackson St.</b>				
City: <b>Ridgeland</b>	State: <b>MS</b>	Zip: <b>39157</b>		
Contact: <b>David Roark</b>	Tel: <b>(662) 769-7000</b>			
ASBESTOS REMOVAL CONTRACTOR: <b>EMP Alfred Martin</b>				
Address: <b>PO BOX 9361</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39286</b>		
Contact: <b>Alfred Martin</b>	Tel: <b>601 922-1919</b>			
Certification Number: <b>ABC 1568</b>	Expiration Date: <b>3.15.25</b>			
OTHER OPERATOR: <b>Southern Land Mgmt</b>				
Address: <b>136 Auburn Ave</b>				
City: <b>Nathez</b>	State: <b>MS</b>	Zip: <b>39120</b>		
Contact: <b>Jody Foster</b>	Tel: <b>601 807-1960</b>			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Y</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Y</b>		Inspection Date: <b>6/29/23</b>		
Inspector: <b>Taylor Walker</b>	Certification Number: <b>ABI - 12021</b>	Expiration Date: <b>3/29/24</b>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>PLM - FT, Mastic, Putty, Wall Board (gypsum), textured ceiling, roof shingles and felt, exterior building putty,</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>Appr. 120,000 FT, Mastic, &lt;160sf ext. putty</b>				
Pipes (LN FT):	Surface Area (SQ FT): <small>120,000sf FT, Mastic, &lt;160sf putty</small>	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>2.17.25</b>		Complete: <b>5.31.25</b>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>2.25.25</b>		Complete: <b>1.31.26</b>		

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

There are 26 buildings. 15 complete abatement and renovation. 11 complete demo using traditional methods.

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

Contain area. Critical barriers. Wet method demo. Proper disposal.

**XIII. WASTE TRANSPORTER #1**

Name: Waste Management

Address: 29340 Woodside Dr.

City: Walker

State: LA

Zip: 70785

Contact Person: Michael J Eidt

Tel: 662 448-0773

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Woodfield Landfill

Address: 29340 WoodsideDr

City: Walker

State: LA

Zip: 70785

Contact Person: Tabby

Tel: 866 909-4458

**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:**

Work stopped to further inspect.

**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.**

Alfred Martin, Phd.

Type or Print Name

(Signature of Owner/Operator)

2.4.25 3/5/25  
(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Alfred Marti, Phd.

Type or Print Name

(Signature of Owner/Operator)

2.4.25 3/5/25  
(Date)