

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201**

MDEQ Use Only		Postmark mail only		Date Received	Alt Number
<input checked="" type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Hand Delivery		3/24/2025	88508
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): D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):					
Bldg. Name: Old Sun Herald 205 Debuys Road Biloxi, MS					
Address: 205 Debuys Road					
City: Biloxi		State: MS		Zip: 39502	
Site Location: Throughout building				Tel: 228-380-9611	
Building Size: Approx. 25,000sf		# of Floors: 2		Age in Years: 40+	
Present Use: None		Prior Use: News Paper			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)					
OWNER NAME: H & H Enterprises					
Address: 1904 24th Avenue Gulfport, Mississippi 39502					
City: Gulfport		State: MS		Zip: 39502	
Contact: Steve Herrington				Tel: 228-380-9611	
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL					
Address: 783 HARRIS STREET					
City: JACKSON		State: MS		Zip: 39202	
contact: DARYL ANDERSON				Tel: 601-354-4400	
Certification Number: ABC-00002173				Expiration Date: 10-27-25	
OTHER OPERATOR: H & H Enterprises					
Address: 1904 24th Avenue Gulfport, Mississippi 39502					
City: Gulfport		State: MS		Zip: 39502	
Contact: Steve Herrington				Tel: 228-380-9611	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes					
WAS ASBESTOS PRESENT? (Yes/No): Yes				inspection Date: 2-30-25	
Inspector: Paul Anderson		Certification Number: ABI-00001686		Expiration Date: 05-31-25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: See attached report. PLM					
VII. QUANTITY OF RACM TO BE REMOVED 3000SF OF FLOOR TILE AND MASTIC, APPROX 500SF OF ROOF TAR ON WALL					
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: 3-26-25				Complete: 4-10-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-11-25				Complete: 5-31-25	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Demolition of old news paper building

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
In containment under negative pressure, area barricaded off with asbestos danger tape, material kept wet and placed in acm bags for disposal

XIII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 9255 County Farm Rd, Gulfport, MS 39503

City: Gulfport

State: MS

Zip: 39503

Contact Person: Chelsie Williams

Tel: (228) 256-0215

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pecan Grove Landfill

Address: : 9685 Firetower Rd, Pass Christian, MS 39571

City: Pass Christian

State: MS

Zip: 39571

Contact Person: Rene Fountain

Tel: : (866) 676-7150

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:
Halt all work and notify the proper authority

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.

DARYL ANDERSON

Type or Print Name

(Signature of Owner/Operator)

3-11-25

(Date)

3-24-25

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DARYL ANDERSON

Type or Print Name

(Signature of Owner/Operator)

3-11-25

(Date)

3-24-25