

REV 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 02-28-2024	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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Golf clubhouse Kitchen dining Room				
Bldg. Name: Duncan Park Golf ClubHouse				
Address: 57 Duncan Park Road				
City: Natchez		State: MS	Zip: 39120	
Site Location: SAME		Tel:		
Building Size: 15,000 Square Feet		# of Floors:	Age in Years: 76 years	
Present Use: Storage		Prior Use: A NAVAL Reserve Building		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: The City of Natchez				
Address: 124 S. Pearl Street				
City: Natchez		State: MS	Zip: 39120	
Contact: Brent Gaudé		Tel: 601 597-1953		
ASBESTOS REMOVAL CONTRACTOR: ABATEment Pro's LLC				
Address: 6 Tucker Road				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Lee Roberts		Tel: 601 408-5558		
Certification Number: ABC-00011371		Expiration Date: 01-02-2025		
OTHER OPERATOR: N/A				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 02-03-2023		
Inspector: Willie Nester		Certification Number: ABI-00002244	Expiration Date: 1-24-2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor Tiles - Sheetrock - Exterior Siding - Roofing - Wall board - Pipe Insulation - Pipe joints - window caulking - Ceiling tiles, black mastic floor glue... (PLM) Asbestos Analysis was performed..				
VII. QUANTITY OF RACM TO BE REMOVED: 4,400 square feet of 12x12 Floor tiles And black 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: 3-13-2024		Complete: 3-16-2024		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Wear proper ppe, spraying water from hose - wet method and use hand tools...		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: wear proper ppe - spraying water from hose - use wet methods and hand tools...		
XIII. WASTE TRANSPORTER #1		
Name: Abatement Pro's LLC		
Address: 6 Tucker Road		
City: Hattiesburg	State: MS	Zip: 39401
Contact Person: Lee Roberts	Tel: 601 408-5558	
WASTE TRANSPORTER #2		
Name: N/A		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: PLANTATION OAKS LANDFILL		
Address: 35 Shieldsboro Road		
City: Sibley	State: MS	Zip: 39165
Contact Person: Andy Yates	Tel: 601 445-8459	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: N/A	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 AND CALL MDEQ		
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.		
Lee M. Roberts	Lee M. Roberts	2-28-2024
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Lee M. Roberts	Lee M. Roberts	2-28-2024
Type or Print Name	(Signature of Owner/Operator)	(Date)