

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) O							
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: Mississippi Tank Company							
Address: 3000 W. 7th St							
City: Hattiesburg			State: MS		Zip: 39401		County: Forrest
Site Location: Hattiesburg MS						Tel: 6012708179	
Building Size: over 3000 s/f			# of Floors: 1		Age in Years: over 30		
Present Use: Office			Prior Use: Office				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: Mississippi Tank Company							
Address: 3000 W. 7th St							
City: Hattiesburg			State: MS		Zip: 39401		Tel: 6012708179
Contact: Charles W Anderson Jr							
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc							
Address: 761 Weathersby Rd							
City: Hattiesburg			State: MS		Zip: 39402		Tel: 2708179
Contact: Charles W Anderson Jr							
Certification Number: ABC-00003976				Expiration Date: 12/09/24			
OTHER OPERATOR:							
Address:							
City:			State:		Zip:		
Contact:						Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO Assumed							
WAS ASBESTOS PRESENT? (Yes/No):				Inspection Date:			
Inspector:		Certification Number:			Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 9x9 Floor Tiles and Black Mastic Assumed to contain ASBESTOS and to be removed Accordingly							
VII. QUANTITY OF RACM TO BE REMOVED:							
Pipes (LN FT):		Surface Area (SQ FT):			Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:							
Category I: approx 500 s/f Tile and Mastic				Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/15/24						Complete: 4/15/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:						Complete:	

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

Renovation of Existing Confrence Room floor removal

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

Wet Method, Partial Containment, Neg Air units

XIII. WASTE TRANSPORTER #1

Name: **Abatement Contractors of Mississippi, Inc**

Address: **761 Weathersby Rd**

City: **Hattiesburg**

State: **MS**

Zip: **39402**

Contact Person: **Charles W Ansderson 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: **Ovett**

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)

2/28/24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles W Anderson Jr

Type or Print Name

(Signature of Owner/Operator)

2/28/24

(Date)