MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 MDEQ Use Only: Postmark (mail only) Date Received 79718 02-26-202024 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) III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Bldg. Name: Robertson Place (18 units) 201 Katie Ave. Address Units: A2, A5,B11,F36,G38,H46,I50,I51,J59,L67,M74,M76,O90,Q99,R105,R107,T116,T117 City: MS Hattiesburg MS State: Hattiesburg Zip: 39401 County: Forrest Site Location: 201 Katie Ave Tel: 601-583-2762 Building Size 18 units approx 13,185 sq ft. # of Floors: Age in Years: Present Use: Vacant Prior Use: public housing complex IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME Hattiesburg Housing Authority Address: 201 Katie Ave City. Hattiesburg State: MS Zip: 39401 Contact: Rusty Walker Tel: 228-860-9000 ASBESTOS REMOVAL CONTRACTOR: Southeast Environmental Group. Inc. Address: P.O. Box 433/ 296B 2nd Ave. City: York State: AL Zip: 36925 Contact: Johnny Rodgers Tel: 205-392-9308 Certification Number: ABC00001906 Expiration Date: 06/02/2024 OTHER OPERATOR: Address: City: State: Zip: Contact: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes. Years ago WAS ASBESTOS PRESENT? (Yes/No): YeS Inspection Date: Unknown Inspector: unknown Certification Number: Unknown Expiration Date: unknow VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Some units were tested years ago. The black mastic was confirmed to contain amc. Since the units are vacant, they will all be done as one job. All of the flooring will be handled as ACM. It is approx 13,185 sq ft of floor tile and mastic. All the mastic And the is presumed to CONTAIN AShestos Surface Area (SQ FT): approx 13,185 sq ft Pipes (LN 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: 3/08/2024 Complete: 5/08/2024 X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: n/a Complete: n/a

| POTENTION OF PLANNED DEMOLITION OR RENC | JVATION WORK / | AND METHO | DIEL TO BE HOSE | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Removal of PLANNED DEMOLITION OR RENC process. The work area will be protected and sealed b | ed by trained and | certified pe | orsonnel. The ACM | will be kept wet throughout the |
| XII. DESCRIPTION OF WORK PRACTICES AND ENGINEED DEMOLITION OR RENOVATION SITE: | ERING CONTROLS | TO BE USE | ED TO PREVENT EM | ISSIONS OF ASBESTOS AT THE |
| The non-triable ACM will be removed by competent | | | | |
| To no particle escape. The concept of "keep it wet" will be use | ins. The work will be | e protected a | nd sealed by using the | ndling, and disposal of ACM. All work e capsule concept to assure the least |
| XIII. WASTE TRANSPORTER #1 | d triloughout the asi | bestos remo | val process. | |
| Name: Johnny Rodgers | | | | |
| Address: 296B 2nd Ave | | | | |
| City: York | State:AL | | Zip:36925 | *************************************** |
| Contact Person: Bertha Rodgers | | · · · · · · · · · · · · · · · · · · · | Tel: 205-392-9 | 9308 |
| WASTE TRANSPORTER #2 | | | 1 TOIL | |
| Name: | | | | |
| Address: | | | | |
| City: | State: | | Zip: | |
| Contact Person: | | | Tel: | |
| XIV. WASTE DISPOSAL SITE | | | 1 | |
| _{Name:} Kemper County Landfill | | | **** | |
| Address: 21211 Hwy 16 East | | | | |
| _{City:} Dekalb | State: MS | | zip: 39328 | |
| Contact Person:Jimmy Thomas | | | Tel: 601-743-4 | 310 |
| XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN | NCY, PLEASE IDER | NTIFY THE A | GENCY BELOW: | |
| Name: | | Title: | | |
| Authority: | | | | |
| Date of Order (MM/DD/YY): | Dat | e Ordered to | Begin (MM/DD/YY): | |
| XVI. FOR EMERGENCY RENOVATIONS: | | | | |
| Date and Hour of Emergency (MM/DD/YY): | | | | |
| Description of the sudden unexpected event: | | | | |
| Evaluation of how the great regard wonds are different assets. | | | | |
| Explanation of how the event caused unsafe conditions or would | d cause equipment | damage or a | an unreasonable finan | ncial burden: |
| VALUE DESCRIPTION OF RECOGERATION TO BE FOUL OWER. | | | | |
| XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE | ED. PULYERIZED (| OK REDIICE | EN TO DOMNED. | |
| MDEQ will be immediately notified. The un way as the original. | expected ash | estos wi | ill be properly l | handled in the same |
| | | | | |
| XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PR ONSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DUF | D EVIDENCE CHAT | | IOCO TO A INIDIO LIAC | S BEEN ACCOMPLISHED BY |
| Bertha Kodgers | Serth | longe | ne | 2/26/2024 |
| Type or Print Name | (Signature of Owner/ | Operator | | (Date) |
| XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRE | Berth | Polger | <i></i> | 2/26/2024 (Date) 2/26/2024 |
| Type or Print Name | (Signature of Owner/ | (Operator) | Marine Ma | (Date) |