

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 4/18/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) "Revised"				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) RENOVATION				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Sherwin Williams store # 7192				
Address: 1934 Market Street				
City: Pascagoula	State: MS	Zip: 39567	County: Jackson	
Site Location: Same as above		Tel: 228-762-5933		
Building Size: 6,500 SQ FT	# of Floors: 1	Age in Years: 50 plus		
Present Use: store	Prior Use: store			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Sherwin Williams				
Address: 1934 Market Street				
City: Pascagoula	State: MS	Zip: 39567	Tel: 228-762-5933	
ASBESTOS REMOVAL CONTRACTOR: Rhino Demolition and Environmental Services				
Address: 16604 American Way				
City: Myrtle Beach	State: SC	Zip: 29577	Tel: 336 613 8747	
Contact: Frank Cipolletti		Tel: 336 613 8747		
Certification Number: ABC-00012721		Expiration Date: 01/26/2025		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:	Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? <input checked="" type="radio"/> Yes <input type="radio"/> No:		Inspection Date: 10-03-18		
Inspector: Justin T Colley	Certification Number: ABI-00008542/MS	Expiration Date: 6-29-19		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: P/M Asbestos 9x9 floor tile and associated mastic.				
VII. QUANTITY OF RACM TO BE REMOVED: 5000 lb of floor tile & mastic				
Pipes (LN FT):	Surface Area (SQ FT): 5000	Volume of Facility Components (CU FT): 810		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-13-24		Complete: 5-18-24		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:		

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

Full Containment, wet, negative pressure

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

Negative pressure, wet removal, full Containment, Decon chamber

XIII. WASTE TRANSPORTER #1

Name: Ecosouth services of Mobile, LLC

Address: 6225 Rangeline Road

City: Mobile

State: AL

Zip: 36582

Contact Person: Michale Mascolo

Tel: 850-373-8520

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE Ecosouth services of Mobile, AL

Name:

Address: 6225 Rangeline Rd

City: Mobile

State: AL

Zip: 36582

Contact Person: Michale Mascolo

Tel: 850-373-8520

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

stop work and notify.

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.

Frank P Cipoletti

Type or Print Name

(Signature of Owner/Operator)

4-18-24
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Frank P Cipoletti

Type or Print Name

(Signature of Owner/Operator)

4-18-24
(Date)