

# 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 <b>8/13/2024</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <b>Showroom area</b>				
Bldg. Name: <b>Brookhaven Power Sports</b>				
Address: <b>551 HWY 51</b>				
City: <b>Brookhaven</b>		State: <b>MS</b>	Zip: <b>39601</b>	
Site Location: <b>Same</b>		Tel: <b>601 990 2827</b>		
Building Size: <b>5,000</b>		# of Floors: <b>1</b>	Age in Years: <b>&gt;15</b>	
Present Use: <b>offices/showroom</b>		Prior Use: <b>same</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>William Moore</b>				
Address: <b>551 HWY 51</b>				
City: <b>Brookhaven</b>		State: <b>MS</b>	Zip: <b>39601</b>	
Contact: <b>William Moore</b>		Tel: <b>601 990 2827</b>		
ASBESTOS REMOVAL CONTRACTOR: <b>Environmental Services</b>				
Address:				
City: <b>Hattiesburg</b>		State: <b>MS</b>	Zip: <b>39401</b>	
Contact: <b>Joe Venus</b>		Tel: <b>6014081005</b>		
Certification Number: <b>ABC00001330</b>			Expiration Date: <b>Jan 2 2025</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>June 3, 2024</b>	
Inspector: <b>Lee Roberts</b>		Certification Number: <b>AI00009020</b>	Expiration Date: <b>Feb 7 2025</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Flooring tiles and black mastic materials, PLM analysis</b>				
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: <b>2000 sf of flooring</b>				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>8/26/24</b>			Complete: <b>9/2/24</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>N/A</b>			Complete:	

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

Removal of flooring using wet method

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

Wet materials and remove using glove bags and hand tools

**XIII. WASTE TRANSPORTER #1**

Name: Environmental services

Address: 253 Delk road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Joe Venus

Tel: 601 408 1005

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: RoBo landfill

Address: 6447 Walalak Road

City: Scooba

State: MS

Zip: 39358

Contact Person: Roland Edwards

Tel: 662 793 4795

**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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:**

Stop work call 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.**

Joe Venus  
Type or Print Name

(Signature of Owner/Operator)

8/12/24  
(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Joe Venus  
Type or Print Name

(Signature of Owner/Operator)

8/12/24  
(Date)