

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 9/10/2024	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):			
Bldg. Name: MS Regional 5 Housing Authority			
Address: Medgers Evers Drive (See attached)			
City: Decature	State: MS	Zip: 39327	
Site Location: Unit 109	Tel: 601-63-3371		
Building Size: Unknown	# of Floors: Unknown	Age in Years: Unknown	
Present Use: Housing	Prior Use: Unknown		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: MS Regional housing Authority V			
Address: 298 Northside Drive			
City: Newton	State: MS	Zip: 39345	
Contact: Nick Kaminer (General Contractor-601-573-6985)		Tel: 601-683-3371	
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC			
Address: 7705 Northshore Place			
City: North Little Rock	State: AR	Zip: 72118	
Contact: Justin Dixon/Andrew Ables		Tel: 501-801-2776/601-559-2185	
Certification Number: ABC-00009502		Expiration Date: 07/12/2024	
OTHER OPERATOR: N/A			
Address: N/A			
City: N/A	State: N/A	Zip: N/A	
Contact: N/A		Tel: N/A	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 11/20/2023	
Inspector: Lamar Gilliland	Certification Number: ABI-00001036	Expiration Date: 2/7/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
PLM Bulk Samples			
VII. QUANTITY OF RACM TO BE REMOVED: 1,024 SF FT/Mastic, 2,8080 SF Drywall JC, 162 LF WD Caulk,			
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: 10/16/2024		Complete: 10/17/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A		Complete: N/A	

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

Materials listed to be removed by hand so facility can be renovated.

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

Materials will be wetted, during and after abatement, properly packaged, labeled and transported to a class 1 landfill for disposal.

XIII. WASTE TRANSPORTER #1

Name: Complete Environmental & Remediation

Address: 37 David Swan Lane

City: Pervis

State: MS

Zip: 397475

Contact Person: Kevin Ivy

Tel: 601-951-8136

WASTE TRANSPORTER #2

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIV. WASTE DISPOSAL SITE

Name: Clearview Landfill

Address: 2253 Mudline Road

City: Lake

State: MS

Zip: 39092

Contact Person: N/A

Tel: 866-909-4458

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

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:

Wet the unexpected, make area safe and notify 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.

Barbara McElroy

Type or Print Name

Barbara McElroy

(Signature of Owner/Operator)

9/10/2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Type or Print Name

Barbara McElroy

(Signature of Owner/Operator)

9/10/2024

(Date)