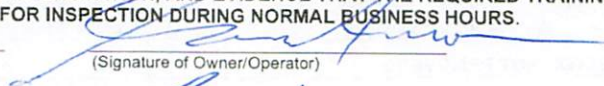



MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 9/17/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input checked="" type="radio"/> R <input type="radio"/> 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) MS Power Purvis Office				
Bldg. Name: MS Power Office				
Address: 135 Front Street (Google Provided)				
City: Purvis		State: MS	Zip: 39475	County: Lamar
Site Location:			Tel: 6012708179	
Building Size: over 2000 S/F		# of Floors: 2	Age in Years: over 30	
Present Use: Empty/Office		Prior Use: Office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MS Power				
Address: 420 West Pine Street				
City: Hattiesburg		State: MS	Zip: 39401	
Contact:			Tel: 6012708179	
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc.				
Address: 761 Weathersby Rd				
City: Hattiesburg		State: MS	Zip: 39402	
Contact: Charles W Anderson Jr			Tel: 6012708179	
Certification Number: ABC-00003976			Expiration Date: 12/9/2024	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes			Inspection Date: Aug 22 2024	
Inspector: Paul Anderson		Certification Number: ABI-00001686	Expiration Date: May 31 2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Flooring and Mastic PLM				
VII. QUANTITY OF RACM TO BE REMOVED: Approx 1100 s/f sheetflooring and mastic from 1st floor				
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: 10/2/2024				Complete: 11/2/2024
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/15/2024				Complete: 6/1/2025

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
ACM, Inc has been hired to remove flooring in 1st floor area of the office building where it is containing Asbestos		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Mist area with water before removal, Negative Air Units, and Partial Containment		
XIII. WASTE TRANSPORTER #1		
Name: Abatement Contractors of Mississippi, Inc.		
Address: 761 Weathersby Rd		
City: Hattiesburg	State: MS	Zip: 39402
Contact Person: Charles W Anderson 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 CRUMBLER, 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)	9/17/2024 (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Charles W Anderson Jr Type or Print Name	 (Signature of Owner/Operator)	9/17/2024 (Date)