## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201 MDEQ Use Only: Postmark (mail only) Date Received Al Number **X**Email □Mail ☐Hand Delivery 10-11-2024 I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 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): BIDD Name: POPLAR HEAD Methodist 3200 Poplarhead SAUCIER ms 39571 State: Tel: 334-224-6084 SAME Site Location: Age in Years: Over 20 years Building Size # of Floors: Present Use: Church Fellowship Fellowship Prior Use: IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) Paston Poplar head Address Zip: 39574 State: MS Ems ASBESTOS REMOVAL CONTRACTOR: ABATEMEN cken Ruad 39401 State: Tel: 601-408-5558 Ruberts Contact: Certification Number: ABC-0001137 -02- 2025 Expiration Date: OTHER OPERATOR: Address: City: State Zip: Contact: Tel: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No) NO Presumed WAS ASBESTOS PRESENT? (Yes/No): Inspection Date Inspector: Certification Number: Expiration Date: VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: VII. QUANTITY OF RACM TO BE REMOVED: , 200 SQFT of Exterior Transite siding Pipes (LN FT): Surface Area (SQ FT): Volume of Facility Components (CU FT): VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: Category I: Category II: 10-25-2024 IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-25-2024 Complete: X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:

Complete:

UNIT RENOVATING exterior WAILS of water, Proper Ppe, wet method an	ation work, and method on church. We u ud use hand to	uill use water hoses to spuny
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEER DEMOLITION OF RENOVATION SITE:  Proper PPE, SPURY; ng water fr	ING CONTROLS TO BE USE	D TO PREVENT EMISSIONS OF ASBESTOS AT THE
tools.		
XIII. WASTE TRANSPORTER #1		
Name: ABATEMENT Pro's LLC		
Address: DXXX 6 Tucker Road		
city: Hattiesburg	State: MS	zip: 39401
Contact Person: Lee Roberts		Tel: 601 408-5558
WASTE TRANSPORTER #2		
Name: NA		
Address:		
City:	State:	Zip:
Contact Person:		Tel:
XIV. WASTE DISPOSAL SITE		
Name: Pine Belt Regional LANdfill		
Address: 5274 MS-29		
city: OVe++	State: MS	zip: 39464
Contact Person: MR. Smith	•	Tel: 601 545-2121
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: W/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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:		
STOP WORK AND CALL	MOEO	
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.		
Lee Roberts	Lee Roberth	10-11-2024
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRE	er: So A SA	14000 44.60 (940000000
Lee Roberts	de Kobens	10-11-2024
Type or Print Name	(Signature of Owner/Operator)	(Date)