

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

<input checked="" type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Extension	Expiration Date	M Number
			12/18/2024	86333
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): Golf clubhouse Breakroom and main office				
Bldg. Name: Duncan Park Golf Clubhouse				
Address: 57 Duncan Park Road				
City: Natchez		State: MS		Zip: 39120
Site Location: East side Break room and main office				Tel:
Building Size: 15,000 Square Feet		# of Floors: 1		Age in Years: 76 years
Present Use: Storage		Prior Use: A naval reserve building & Golf clubhouse		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: The City of Natchez				
Address: 124 S. Penal Street				
City: Natchez		State: MS		Zip: 39120
Contact: Brent G.ude				Tel: 601 597-1953
ASBESTOS REMOVAL CONTRACTOR: ABATEment Pro's LLC				
Address: 6 Tucker Road				
City: Hattiesburg		State: MS		Zip: 39401
Contact: Lee Roberts				Tel: 601-408-5558
Certification Number: ABC-00011371			Expiration Date: 01-02-2025	
OTHER OPERATOR: N/A				
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: 02-03-2023	
Inspector: Willie Nester		Certification Number: ABI-00002244		Expiration Date: 1-24-2025
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor Tiles - Sheetrock - exterior siding - Roofing - Wallboard - Pipe Insulation - Pipe joints - window caulking - ceiling tiles - black mastic - (PLM) Asbestos Analysis was performed...				
VII. QUANTITY OF RACM TO BE REMOVED: 1,300 square feet of 12x12 floor tiles and black mastic...				
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: 12-31-24				Complete: 1-01-25
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A				Complete:

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: wear proper ppe, spraying water from hose - build poly containment using decon, negative air machine wet method and hand tools...

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: wear proper ppe, spraying water from hose, build a poly containment using decon, negative air machine, wet method and hand tools.

XIII. WASTE TRANSPORTER #1

Name: ABATEment Pro's LLC
Address: 6 Tucker Road
City: Hattiesburg State: MS Zip: 39401
Contact Person: Lee Roberts Tel: 601 408-5558

WASTE TRANSPORTER #2 N/A

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: Plantation OAKS Landfill
Address: 35 Shieldsboro Road
City: Sibley State: MS Zip: 39165
Contact Person: Andy Yates Tel: 601 445-8459

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

STOP work and CALL MDEQ

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 M. Roberts Lee M. Roberts 12-18-2024
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Lee M. Roberts Lee M. Roberts 12-18-2024
Type or Print Name (Signature of Owner/Operator) (Date)