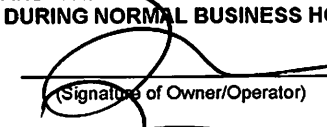
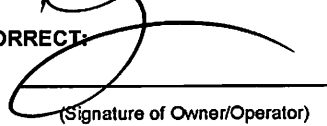


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 6/24/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 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): Bedford Care, North Hallway and Dinning room				
Bldg. Name: Bedford Care Medical Center				
Address: 10 Medical Blvd				
City: Hattiesburg		State: MS	Zip: 39401	
Site Location: Same		Tel: 601 264 3709		
Building Size: 20,000 sf		# of Floors: 1	Age in Years: >30	
Present Use: Nurcing Home		Prior Use: same		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: HMP				
Address: 100 West Pine St				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Mike Mcelroy		Tel: 601 8189132		
ASBESTOS REMOVAL CONTRACTOR: Environmental Services				
Address: 253 Delk Road				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Joe Venus		Tel: 601 408 1005		
Certification Number: ABC 00001330			Expiration Date:	
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: May 1, 2018	
Inspector: Lee Roberts		Certification Number: ABI 00009020	Expiration Date: Jan 9 2026	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 12x12 Flooring with black mastic contsain asbestos				
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: 5,175 sf				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: July 14 2025			Complete: July 19, 2025	
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:		
Removal of flooring materials using the 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 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 N/A		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Robo Landfill		
Address: 6447 Walalak Rd		
City: Scooba	State: MS	Zip: 39358
Contact Person: Mr Roland	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: N/A		
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 CRUMBLED, 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		6/24/25
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Joe Venus		6/24/25
Type or Print Name	(Signature of Owner/Operator)	(Date)