MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) ~~O~~ 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: Old Hburg American Bldg

Address 8256 Main street

City: Hattiesburg | State: MS | Zip: 39401

Site Location: 8256 Main Street | Tel: 601 268 23220

Building Size 8,000 | # of Floors: 1 | Age in Years: >20

Present Use: office Art center | Prior Use:

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: City of Hattiesburg

Address: PO Box 1898

City: Hattiesburg | State: MS | Zip: 39401

Contact: Ann Jones | Tel: 601 545 4667

REMOVAL CONTRACTOR Environmental Services

Address: 253 Delk Road

City: Hattiesaburg | State: MS | Zip: 39401

Contact: Joe Venus | Tel: 6014081005

OTHER OPERATOR: N/A

Address: N/A

City: N/A | State: | Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No) Yes

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

Joe Venus tested and assumed thru the years

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area				SqFt: X	Sq M:
Vol RACM Off Facility Component		200 SF		CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/22/20 Complete: 6/23/20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

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

N/A

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

Use wet method and use of hand scrapers to keep dust down.

XII. WASTE TRANSPORTER #1

Name: Environmental Servicves

Address: 253 Delk Road

City: Hattiesburg | State: MS | Zip: 39401

Contact Person: Joe Venus | Tel: 6014081005

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Pine Belt Regional Waste Authority

Address: 5274 Old Hwy 29

City: Ohlo | State: MS | Zip: 39446

Tel:

XIV. 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):

XV. 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:

5274 Old Hwy 29

XVI. 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 call DEQ

XVII. 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.

Type or Print Name | (Signature of Owner/Operator) | 6/22/22 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus | Type or Print Name | (Signature of Owner/Operator) | 6/22/22 (Date)

N/A