

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 3-28-23	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): Health Dept			
Bldg. Name: Hattiesburg Health Dept (Forrest County Health Dept.)			
Address: 300 Klondyke Street			
City: Hattiesburg	State: MS	Zip: 39401	
Site Location: 300 Klondyke street		Tel: 601 606 9175- 601 583 0291	
Building Size: 2200	# of Floors: 1	Age in Years: > 20	
Present Use: Empty	Prior Use: office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Hattiesburg Health Department			
Address: 300 Klondyke st			
City: Hattiesburg	State: MS	Zip: 39401	
Contact: Walker Jamison	Tel: 601 606 9175		
ASBESTOS REMOVAL CONTRACTOR: Envoironmental Services			
Address: 253 Delk Road			
City: Hattiesburg	State: MS	Zip: 39401	
Contact: Joe venus	Tel: 6014081005		
Certification Number: 0001330	Expiration Date: Jan 3 2024		
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: 2/7/23	
Inspector: Joe Venus	Certification Number: 00001353	Expiration Date: Feb 10, 2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: asbestos floor tile black mastic, PCM anaylsis			
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: 2200 sf			
Category I:		Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/11/23		Complete: 4/12/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A (not deecided)		Complete:	

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

N/A (dont know owner didnt know)

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

Wet material and remove by hand using hand tools

XIII. WASTE TRANSPORTER #1

Name: Environmental Services

Address: 253 Delk Road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: joe

Tel: 6014081005

WASTE TRANSPORTER #2

Name: N/A

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Regional Waste Authority

Address: PO Box 389

City: Petal

State: MS

Zip: 39465

Contact Person: Mr Smith

Tel: 601 545 6676

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:

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 CRUMBLLED, 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

Type or Print Name

(Signature of Owner/Operator)

3/28/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

3/28/23

(Date)