MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O III. TYPE OF OPERATION (D=Demo 0= Ordered Demo R=Renovation E=Emer. Renovation): R III. FACILITY DESCRIPTION (include building name, number and floor or room number): III. Bidg, Name: South Forrest Gym Address: 1Brooklyn Janis Road City, Brooklyn Janis Road Site Location: 1 Brooklyn Janis Road Tet: 501 408 1005 Building Size: 10,000 # of Floors: 1 Age in Years: > 20 Present Use: Gym Prior Use: W. FACILITY INFORMATION (identify owner, asbestos removal contractor, and other operator) OWNER NAME: Forrest County Sch Dist Address: 400 Forrest Street City: State: MS Zip: 39401 Contact: Joe Venus Tet: 601 408 1005 ASSESTOS REMOVAL CONTRACTOR: Envoironmental Services Address: 253 Delk Road City, Hattiesburg State: MS Zip: 39401 Contact: Joe Venus Tet: 6014081005 Expiration Date: Jan 3 2024 OTHER OPERATOR: N/A Address: City: State: Zip: Contact: Use Venus Tet: 5014081005 Expiration Date: Jan 3 2024 OTHER OPERATOR: N/A Address: City: State: Zip: Contact: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YeS Inspection Willie Nester Certification Number: 0000 Expiration Date: Feb 10, 2023 VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: asbestos floor tile and black mastic, PCM analysis	MDEQ Use Only: □Email □Mail □Hand Delivery	Postmark (mail only)		Date Received		Al Number		
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): H III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Bidg, Name: South Forrest Gym Address: 1Brooklyn Janis Road City: Brooklyn Janis Road City: Brooklyn Janis Road Tel: 601 408 1005 State: MS Zip: 39425 State: Location: 1 Brooklyn Janis Road Building Size: 10,000 # of Floors: 1 Age in Years: > 20 Present Use: Gym Prior Use: W. FACILITY INFORMATION (Identity owner, asbestos removal contractor, and other operator) OWNER NAME: Address: 400 Forrest Street City: Hattiesburg State: MS Zip: 39401 Contact: Joe Venus Tel: 601 408 1005 ABBESTOS REMOVAL CONTRACTOR: Envoironmental Services Address: 253 Delik Road City: Hattiesburg State: MS Zip: 39401 Contact: Joe Venus Tel: 6014081005 Expiration Date: Jan 3 2024 OTHER OPERATOR: N/A Address: City: State: Zip: Contact: Tel: V. WAS ASBESTOS PRESENT? (Yes/No): YeS WAS ASBESTOS PRESENT? (Yes/No): YeS Inspector, Willie Nester Centractor Address: One Asbestos Presence of Asbestos Roaders Address: One Asbestos Roaders Name Procedures Used To Detect The Presence of Asbestos Materials:								
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Bidg. Name. South Forrest Gym Address: 1Brooklyn Janis Road Oily: Brooklyn Janis Road Oily: Brooklyn Janis Road State: MS Zip: 39425 Sie Location: 1 Brooklyn Janis Road Building Size: 10,000 # of Floors: 1 Age in Years: > 20 Present Use: Gym Prior Use: W. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) OWNER NAME: Address: 400 Forrest Street City: Hattiesburg State: MS Zip: 39401 Contact: Joe Venus Tel: 601 408 1005 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: Zip: Contact: Tel: V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes WAS ASBESTOS PRESENT? (Yes/No): Yes Unispector Willie Nester Certification Number: 0000 Expiration Date: Feb 10, 2023 Unispector Willie Nester Certification Number: 0000 Expiration Date: Feb 10, 2023 Unispector Willie Nester Certification Number: 0000 Expiration Date: Feb 10, 2023 Unispector Willie Nester Certification Number: 0000 Expiration Date: Feb 10, 2023 Unispector Willie Nester Certification Number: 0000 Expiration Date: Feb 10, 2023	II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Erner, Renovation):							
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VII. QUANTITY OF RACM TO BE REMOVED:								
Pipes (LN FT): Volume of Facility Components (CU FT):	Pines /I N FT):	Surface Area (SO E	T)·		Jolume of Facility	Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: 400 Sf					volume of Facility	somponema (oo i i).		
Category I: Category II:								
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start 4/15/23 N/A (not described)								
x. scheduled dates demo/renovation (MM/DD/YY) Start: N/A (not deceided) Complete:								

YI DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	TION WORK, AND METHO	D(S) TO BE USED:					
XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: N/A (dont know owner didnt know right now)							
•		THE THROUGH OF LARPATON AT THE					
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERI DEMOLITION OR RENOVATION SITE:	NG CONTROLS TO BE USE	ED TO PREVENT EMISSIONS OF ASBESTOS AT THE					
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					
	T Otalo.	Tel: 6014081005					
Corract Ferson.							
WASTE TRANSPORTER #2							
Name: N/A							
Address:		7					
City:	State:	Zip:					
Contact Person: Tel:							
XIV. WASTE DISPOSAL SITE							
Name: Pine Belt Regional Waste Authority							
Address: PO Box 389	1 10	20405					
_{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 Titte:							
Authority:							
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 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		4/27//23					
Type or Print Name	(Signature of Owner/Operator)	(Date)					
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORR	RECIT:	4/07/00					
Joe Venus		4/27/23					
Type or Print Name	(Signature of Owner/Operator) (Date)					