

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only; Email □Mail □Hand Delivery	ostmark (mail only)	Date Re	28.2023	Al Number 82424		
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):						
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): VACANT						
Bldg. Name: VACANT HOUSE						
Address: 201 PINE STREET						
City: MCCOMB	State: MS		Zip: 39648			
Site Location: SAME			Tel:			
Building Size: 1400 SQUARE FEET	# of Floors: 1		Age in Years; OVER 20			
Present Use: VACANT	Prior Use: RE	Prior Use: RESIDENCE				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)						
OWNER NAME: CITY OF MCCOMB						
Address: P O BOX 667						
City: MCCOMB	State: MS	MS Zip: 39648		548		
Contact: HENRY GREEN			Tel: (601) 249-9628			
ASBESTOS REMOVAL CONTRACTOR: ABATEMENT PROS LLC						
Address: 217 RALSTON ROAD						
City: HATTIESBURG State: MS			_{Zip:} 39601			
Contact: LEE ROBERTS			Tel: (601) 408-5558			
Certification Number: ABC-00011371		Expiration	Expiration Date: 01/03/2024			
OTHER OPERATOR: TOM ELLIS DOZER SERVICE						
Address: 2110 VAN NORMAN CURVE						
ity: MCCOMB State: MS			_{Zip:} 39648			
Contact: TOM ELLIS		Tel: (601) 600-16		617		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES						
WAS ASBESTOS PRESENT? (Yes/No): YES Insp.			ction Date: 05/04/2023			
Inspector: HENRY GREEN Certification Number: ABI-00009946 Expiration Date: 01/05/2024						
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EXTERIOR SIDING TRANSITE (PLM) ASBESTOS ANALYSIS WAS PREFORMED.						
THE						
VII. QUANTITY OF RACM TO BE REMOVED: 1,400 SQ FT EXTERIOR TRANSITE SIDING						
	rface Area (SQ FT):		Volume of Facility Cor	nponents (CU FT)		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:						
Category I: Category II:						
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09/11/2023 Complete: 09/11/2023						
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09/12/2023 Complete: 09/30/2023						

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOV. STRUCTURES ARE TO BE ABATED OF ASBESTOS	ATION WORK, AND METHO S AND DEMOLISHED	D(S) TO BE USED:			
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEER DEMOLITION OR RENOVATION SITE; PROPER PPC, SPRAYING WATER FROM WATE					
XIII. WASTE TRANSPORTER #1	THE STATE OF THE S				
Name: ABATEMENT PROS LLC					
Address: 217 RALSTON ROAD	1000				
_{City:} HATTIESBURG	_{State:} MS	_{Zio:} 39401			
Contact Person, LEE ROBERTS		Tel: (601) 408-5558			
WASTE TRANSPORTER #2		3 101. 1			
Name: TOM ELLIS DOZER SERVICE					
Address: 2110 VAN NORMAN CURVE					
City: MCCOMB	State: MS	Zip: 39648			
Contact Person: TOM ELLIS		Tel: (601) 684-4522			
XIV. WASTE DISPOSAL SITE					
Name: MAGNOLIA LANDFILL					
Address: 2103 MS 48 E					
_{City:} MAGNOLIA	State: MS	Zip: 39652			
Contact Person: RED		Tel: (601) 600-1617			
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	CY, PLEASE IDENTIFY THE	AGENCY BELOW:			
Name: CITY OF MCCOMB Title:					
Authority: MAYOR AND BOARD OF SELECTMEN					
Date of Order (MM/DD/YY): 08/15/2023	(MM/DD/YY): 08/15/2023 Date Ordered to Begin (MM/DD/YY): 09/11/2023				
XVI. FOR EMERGENCY RENOVATIONS:					
Date and Hour of Emergency (MM/DD/YY): N/A Description of the sudden unexpected event:					
N/A					
Explanation of how the event caused unsafe conditions or would PROPERTY WAS ABANDONED AND HAS BECOME A	d cause equipment damage o A NUISANCE TO THE CO	r an unreasonable financial burden: DMMUNITY.			
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE STOP WORK AND CALL MDEQ	D, PULVERIZED, OR REDU	CED TO POWDER:			
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PR ONSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DUR	EVIDENCE THAT THE REC	UIRED TRAINING HAS BEEN ACCOMPLISHED BY			
LEE M ROBERTS	Lee Robert 08/09/2023				
Type or Print Name	(Signature of Owner/Operator)	(Date)			
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRE HENRY GREEN	Herry Su	<u>101</u> 08/09/2023			
Type or Pnnt Name	(Signature of Owner/Operator) (Date)				