

REV

## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

MAP

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 09-20-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>R</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>2997 hwy 145</b>				
Address:				
City: <b>Shuqualak</b>		State: <b>Ms</b>	Zip: <b>39361</b>	
Site Location: <b>Address above</b>			Tel:	
Building Size: <b>1500</b>		# of Floors: <b>1</b>	Age in Years: <b>50</b>	
Present Use: <b>Vacant</b>		Prior Use: <b>Residential</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Huber engineered woods</b>				
Address: <b>10925 David taylor , 305</b>				
City: <b>Charlotte</b>		State: <b>NC</b>	Zip: <b>28262</b>	
Contact: <b>Ralph Elkins</b>			Tel: <b>678-641-4077</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Pearson Environmental Services</b>				
Address: <b>130 southpointe drive, suite J</b>				
City: <b>Byram</b>		State: <b>MS</b>	Zip: <b>39272</b>	
Contact: <b>Chris</b>			Tel: <b>6019371186</b>	
Certification Number: <b>ABC-00005297</b>			Expiration Date: <b>12/19/2023</b>	
OTHER OPERATOR: <b>Eutaw construction</b>				
Address: <b>109 W. Commerce Street</b>				
City: <b>Aberdeen</b>		State: <b>MS</b>	Zip: <b>39730</b>	
Contact: <b>Rob white</b>			Tel: <b>6623697770</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>September, 2023</b>	
Inspector: <b>Chris Pearson</b>		Certification Number: <b>ABI-00002023</b>	Expiration Date: <b>Dec. 20th 2023</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Flooring, walls and ceilings and roofing. Bulk samples collected and relinquished to a NVLAP approved laboratory for PLM analysis</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>sheet vinyl</b>				
Pipes (LN FT):	Surface Area (SQ FT): <b>800</b>		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9/26/23</b>			Complete: <b>9/28/23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9/29/23</b>			Complete: <b>10/29/23</b>	



**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
Heavy machinery demolition of whole house after completion of abating the asbestos containing material.

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**  
Containment; wet method removal; debris bagged and contained; monitored air

**XIII. WASTE TRANSPORTER #1**

Name: Pearson Environmental Services

Address: 130 southpointe dr, suite J

City: Byram

State: MS

Zip: 39272

Contact Person: Chris

Tel: 6019371186

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Little Dixie landfill

Address: 1716 w countyline rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Mike raley

Tel: 6019829488

**XV. 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):

**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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

Secure area, sample, keep wet and notify 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.**

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

9/13/23

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

9/13/23

(Date)