

DEF

# 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 <b>09-21-2023</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>404 Walnut Street</b>				
Address: <b>404 Walnut Street</b>				
City: <b>Port Gibson</b>		State: <b>Ms</b>	Zip: <b>39150</b>	
Site Location: <b>Address above</b>			Tel:	
Building Size: <b>1500</b>		# of Floors: <b>1</b>	Age in Years: <b>100</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>Property Masters</b>				
Address: <b>117 Towne Lake Pkwy STE 300</b>				
City: <b>woodstock</b>		State: <b>GA</b>	Zip: <b>30188</b>	
Contact: <b>Jay Roberts</b>			Tel: <b>662.260.8321</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:		Expiration Date:		
OTHER OPERATOR: <b>Property Masters</b>				
Address: <b>Property Masters</b>				
City: <b>Woodstock</b>		State: <b>GA</b>	Zip: <b>30188</b>	
Contact: <b>Jay Roberts</b>			Tel: <b>6622608321</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>February, 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>Roofing</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>transite roofing</b>				
Pipes (LN FT):		Surface Area (SQ FT): <b>1500</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>10/4/23</b>		Complete: <b>10/6/23</b>		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>10/7/23</b>		Complete: <b>11/7/23</b>		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
New roof install and some cosmetic replacements

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)

9/20/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

9/20/23

(Date)