

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 10-04-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input checked="" type="radio"/> R				
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):				
Bldg. Name: Residential				
Address: 516 E Kingston St				
City: Laurel		State: MS	Zip: 39440	
Site Location: Same		Tel: N/A		
Building Size: 1,948 sq ft		# of Floors: 1	Age in Years: 43	
Present Use: vacant		Prior Use: vacant		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Service Master of Hattiesburg / Laurel / Meridian				
Address: 2320 Sandy Lane				
City: Laurel		State: MS	Zip: 39443	
Contact: Michael Duncan		Tel: 601 649-1131		
ASBESTOS REMOVAL CONTRACTOR: Forrest Construction LLC				
Address: 591 Raymond Rd				
City: Jackson		State: MS	Zip: 39204	
Contact: Derin or Richard Forrest		Tel: 769 216-8741		
Certification Number: ABC 00008477			Expiration Date: 07/8/24	
OTHER OPERATOR: Service Master of Hattiesburg / Laurel / Meridian				
Address: 2320 Sandy Lane				
City: Laurel		State: MS	Zip: 39443	
Contact: Michael Duncan		Tel: 601 649-1131		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): 1/2			Inspection Date: 9/21/23	
Inspector: Norman Keith Tangel		Certification Number: ABC-0011529	Expiration Date: 11/18/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Lab tests, PCM technique, PLM technique				
VII. QUANTITY OF RACM TO BE REMOVED: interior sheetrock drywall and floor tile				
Pipes (LN FT):	Surface Area (SQ FT): 1,200 sq ft		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <input checked="" type="checkbox"/>		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/16/23			Complete: 12/16/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/16/23			Complete: 1/16/24	

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

utility knife, mazor scraper, spray bottle, poly sheeting, waste bags, personal protective equipment negative air

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

poly doors, and windows, build an containment

XIII. WASTE TRANSPORTER #1

Name: Forrest Construction LLC

Address: 591 Raymond Rd

City: Jackson

State: MS

Zip: 39204

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Ridge Landfill

Address: 520 Murphy Rd

City: Meridian

State: MS

Zip: 39301

Contact Person: None Specific

Tel: 601 483-0715

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:

Call MDEQ

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:

Call MDEQ

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.

Darius Forrest

Type or Print Name

[Signature]

(Signature of Owner/Operator)

10/4/23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darius Forrest

Type or Print Name

[Signature]

(Signature of Owner/Operator)

10/4/23

(Date)