

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 12/18/23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O				
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: Community Park Apartments				
Address: 120 Gillis Circle				
City: McComb	State: MS	Zip: 39648	County: Pike	
Site Location: Multiple Buildings (APT's)		Tel: 662 773-8132		
Building Size: Appr. 10,000 per bldg (24 bldgs)	# of Floors: 2	Age in Years: 40+		
Present Use: Apt's	Prior Use: Apt's			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Hughes Spelling Dev.				
Address: 214 W. Jackson St.				
City: Ridgeland	State: MS	Zip: 39157		
Contact: David Roark	Tel: (662) 769-7000			
ASBESTOS REMOVAL CONTRACTOR: EMP				
Address: PO BOX 9361				
City: Jackson	State: MS	Zip: 39286		
Contact: Alfred Martin	Tel: 601 922-1919			
Certification Number: ABC 1568	Expiration Date: 4.16.24 3/16/24			
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Y				
WAS ASBESTOS PRESENT? (Yes/No): Y		Inspection Date: 6/29/23		
Inspector: Brady Smith	Certification Number: 11069	Expiration Date: 9/15/24		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM - FT, Mastic, Putty, Wall Board (gypsum), textured ceiling, rood shingles,				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: Appr 120,000sf FT and mastic, Bldg putty	Category II:			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/2/24		Complete: 12/31/24		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/2/24		Complete: 12/31/24		

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

Building renovation to be performed by MS BOC approved methods as per COR.

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

Contain area. Critical barriers. Wet method demo. Proper disposal.

XIII. WASTE TRANSPORTER #1

Name: Waste Management

Address: 29340 Woodside Dr.

City: Walker

State: LA

Zip: 70785

Contact Person: Michael J Eidt

Tel: 662 448-0773

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Woodfield Landfill

Address: 29340 WoodsideDr

City: Walker

State: LA

Zip: 70785

Contact Person: Tabby

Tel: 866 909-4458

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:

Work stopped to further inspect.

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.

Alfred Martin, Phd.

Type or Print Name

(Signature of Owner/Operator)

12.15.23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alfred Marti, Phd.

Type or Print Name

(Signature of Owner/Operator)

12.15.23

(Date)