

# REVISSISSIPPI 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 12/27/2023	AI Number
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): d				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Single Story VACANT Building				
Bldg. Name: Old Living Word Outreach Fellowship Ministries				
Address: 611 North 2nd Avenue				
City: Laurel	State: MS	Zip: 39440		
Site Location: Same		Tel: 770 475-4569		
Building Size: 5,020 square feet	# of Floors: 1	Age in Years: Over 20 years		
Present Use: VACANT	Prior Use: Living Word Outreach Fellowship Ministries Church			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: DEAN & Patricia Biskey				
Address: 415 Link Road				
City: Johns Creek	State: GA	Zip: 30022		
Contact: Patricia Biskey		Tel: 770 475-4569		
ASBESTOS REMOVAL CONTRACTOR: ABATEment Pro's LLC				
Address: 217 Ralston Road				
City: Hattiesburg	State: MS	Zip: 39401		
Contact: LEE Roberts		Tel: 601 408-5558		
Certification Number: ABC-00011371	Expiration Date: 1-03-2024			
OTHER OPERATOR: Rudolph Trucking & Dozer Services				
Address: 93 Reid Road				
City: Laurel	State: MS	Zip: 39443		
Contact: David Rudolph		Tel: 601 498-3890		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 12-8-2023		
Inspector: LEE Roberts	Certification Number: ABI-00012100	Expiration Date: 2-9-2024		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Roofing Cores - All Roofing material Chaulking - muds and Parpet Wall - Roofing A/c Ducts Window Chaulkings - Door Chaulkings - brick mortar - 12x12 Floor tiles - black mastic - Carpets - Ceiling Sheetrock - 2x4 ceiling tiles - wall Sheetrock - wall plaster - A/c Duct insulation. (PLM) Asbestos Analysis was performed.				
VII. QUANTITY OF RACM TO BE REMOVED: 6,401 square feet of 12x12 Floor Tiles and Black Mastic - 5 windows & 1 door. 182 square feet of roof Parpet Wall				
Pipes (LN FT):	Surface Area (SQ FT):	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: 1-12-2024		Complete: 1-17-2024		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: not decided yet		Complete:		



<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> Structures are to be ABATED of Asbestos and demolished. Use Proper PPE and Asbestos signs - Spray water from water hoses and use Hepa Vacuum. Use wet method and hand tools.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> Use Proper PPE & Proper Asbestos Signs. Full poly containment is going to be build - negative pressure Air machines. Hepa Vacuum spraying water from water hose. Wet Method and Hand tools...		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: <u>ABATEment Pro's LLC</u>		
Address: <u>217 Ralston Road</u>		
City: <u>Hattiesburg</u>	State: <u>MS</u>	Zip: <u>39401</u>
Contact Person: <u>LEE Roberts</u>	Tel: <u>601-408-5558</u>	
<b>WASTE TRANSPORTER #2</b>		
Name: <u>N/A</u>		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: <u>Pine Belt Regional Landfill</u>		
Address: <u>5274 MS-29</u>		
City: <u>Ovett</u>	State: <u>MS</u>	Zip: <u>39464</u>
Contact Person: <u>Mr. Smith</u>	Tel: <u>601 545-2121</u>	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: <u>N/A</u>	Title:	
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>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:</b>  <u>STOP Work and CALL MDEQ</u>		
<b>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.</b>		
<u>LEE M. Roberts</u> Type or Print Name	<u>Lee M. Roberts</u> (Signature of Owner/Operator)	<u>12-28-2023</u> (Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
<u>Lee M. Roberts</u> Type or Print Name	<u>Lee M. Roberts</u> (Signature of Owner/Operator)	<u>12-28-2023</u> (Date)