

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 01/13/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Postponed				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: North Park Estates II				
Address: 8130 Virginia (See site location below)				
City: Gulfport	State: MS	Zip: 39501	County: Harrison	
Site Location: Various - See page 10 of 97 of survey for locations		Tel: 504-525-2505		
Building Size: Various: 900sf or 1,800 sf. See survey	# of Floors: 1	Age In Years: 50+		
Present Use: Abandoned	Prior Use: Apartments			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: North Park Housing 2, LP				
Address: 0430 Three Rivers Road, Suite B				
City: Gulfport	State: MS	Zip: 39503		
Contact: Ming Ming Lin	Tel: (504) 525-2505			
ASBESTOS REMOVAL CONTRACTOR: Insulation Technologies, Inc.				
Address: 120 Herman Drive				
City: Belle Chasse	State: LA	Zip: 70037		
Contact: Robert Wingerter	Tel: 504-362-1550			
Certification Number: 1134	Expiration Date: 10-12-25			
OTHER OPERATOR: Insulation Technologies, Inc.				
Address: 120 Herman Drive				
City: Belle Chasse	State: LA	Zip: 70037		
Contact: Robert Wingerter	Tel: 504-362-1550			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 02/29/2024		
Inspector: Charles D. Bingham	Certification Number: ABI-00001348	Expiration Date: 02/07/2025		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: PLM samples were taken for asphalt roof shingles and tar felt paper, brick and block mortar, VCT and adhesive, sheet rock and joint compound materials				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): N/A	Surface Area (SQ FT): 25,000	Volume of Facility Components (CU FT): 72 cy		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 25,000 sf		Category II: N/A		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1-6-25		Complete: 2-28-25		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1-20-25		Complete: 3-14-25		

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

Asbestos abatement and demolition of apartment buildings

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

Containment, wet methods

XIII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 9685 Firetower Road

City: Pass Christian

State: MS

Zip: 39571

Contact Person: Derek Swan

Tel: (228) 249-1328

WASTE TRANSPORTER #2 Insulation Technologies, Inc.

Name: Insulation Technologies, Inc.

Address: 120 Herman Dr.

City: Belle Chasse

State: LA

Zip: 70037

Contact Person: Ryan Michell

Tel: (504) 512-2466

XIV. WASTE DISPOSAL SITE

Name: Pecan Grove Landfill

Address: 9685 Firetower Road

City: Pass Christian

State: MS

Zip: 39571

Contact Person: Derek Swan

Tel: (228) 249-1328

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: n/a

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:

job will stop, containment will be setup, and notify owner

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.

Robert Wingerfor

Type or Print Name

(Signature of Owner/Operator)

1-13-25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Robert Wingerfor

Type or Print Name

(Signature of Owner/Operator)

1-13-25

(Date)