

# 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 2/20/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <del>O</del> 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): Smallmill Mall JC Penny back Storage area flooring				
Bldg. Name: Sawmill Mall				
Address: 910 Sawmill Rd				
City: Laurel		State: MS	Zip: 39441	
Site Location: 910 Sawmill Rd			Tel: 601 7895500	
Building Size: 30,400 SF		# of Floors: 1	Age in Years: >30	
Present Use: empty		Prior Use: store		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Hobby Lobby				
Address: 910 Sawmill Rd				
City: Laurel		State: MS	Zip: 39441	
Contact: Jerry Houston			Tel: 601 789 5500	
ASBESTOS REMOVAL CONTRACTOR: Environmental Serviices				
Address: 253 Delk Road				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Joe Venus			Tel: 6014081005	
Certification Number: ABC00001330			Expiration Date: Jan 2 2026	
OTHER OPERATOR: n/a				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: October 11, 2024	
Inspector: Jerry Houston		Certification Number: ABI00001381	Expiration Date: Feb 7 2026	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <del>flooring, walls, and ceilings materials. with PLM Analysis</del> Presumed Asbestos				
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: 1,000 sf flooring material				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/6/25			Complete: 3/6/25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete:	

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

Removal of flooring materials using the wet method on site

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

Wet materials and remove using hand tools

**XIII. WASTE TRANSPORTER #1**

Name: Environmental services

Address: 253 Delk road

City: Hattiesburg

State: MS

Zip: 39401

Contact Person: Joe Venus

Tel: 601 408 1005

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Pine Belt Regional Waste Authority

Address: PO Box 389

City: Petal

State: MS

Zip: 39465

Contact Person: Mr Smith

Tel: 601 545 6676

**XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:**

Name: N/A

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:**

Stop work call 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.**

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

2/20/25

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Joe Venus

Type or Print Name

(Signature of Owner/Operator)

(Date)