

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 03-10-2025	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) 3rd Floor HR Dept			
Bldg. Name: City Hall City of Hattiesburg			
Address 200 Forrest St			
City: Hattiesburg	State: MS	Zip: 39402	County: Forrest
Site Location: See above		Tel: 6015454500	
Building Size over 10,000 s/f	# of Floors: 3	Age in Years: over 50	
Present Use: City Hall	Prior Use: City Hall		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: City of Hattiesburg			
Address: 200 Forrest St			
City: Hattiesburg	State: MS	Zip: 39402	
Contact: Charles W Anderson Jr		Tel: 6012708179	
ASBESTOS REMOVAL CONTRACTOR: Abatement Contractors of Mississippi, Inc			
Address: 761 Weathersby Rd			
City: Hattiesburg	State: MS	Zip: 39402	
Contact: Charles W Anderson Jr		Tel: 6012708179	
Certification Number: ABC-00003976		Expiration Date: 11/30/2025	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:	Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):			
WAS ASBESTOS PRESENT? (Yes/No): ASSUMED		Inspection Date:	
Inspector:	Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Material was uncovered by carpet. Material is 9x9 Floor tile and Black Mastic Materials need to be removed for new flooring in area			
3rd Floor HR Department			
VII. QUANTITY OF RACM TO BE REMOVED: Approx 900 s/f of Flooring and Mastic			
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: 3/25/25		Complete: 4/4/25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/15/25		Complete: 1/1/26	

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

Interior Finishes Update

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

Neg Air, Water Mist, Partial Containment

XIII. WASTE TRANSPORTER #1

Name: Abatement Contractors of Mississippi, Inc

Address: 761 Weathersby Rd

City: Hattiesburg

State: MS

Zip: 39402

Contact Person: Charles W Anderson Jr

Tel: 6012708179

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Pine Belt Solid Waste

Address: 5374 MS-29

City: Ovett

State: MS

Zip: 39464

Contact Person: N/A

Tel: 6015452121

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:

Stop work Notify Owner and 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.

Charles W Anderson Jr

Type or Print Name

(Signature of Owner/Operator)

(Date)

3-10-25

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Charles W Anderson Jr

Type or Print Name

(Signature of Owner/Operator)

(Date)

3-10-25