

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <span style="float: right;">O</span>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">D</span>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:				
Address 1903 BELVEDERE DRIVE				
City: JACKSON	State: MS	Zip: 39204		
Site Location: SAME AS ABOVE		Tel:		
Building Size 2,340	# of Floors: 1	Age in Years: 67		
Present Use: VACANT	Prior Use: RESIDENTIAL			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: STATE OF MISSISSIPPI				
Address: 1903 BELVEDERE DRIVE				
City: JACKSON	State: MS	Zip: 39204		
Contact: CORETTA LAIRD	Tel: 601-960-1054			
REMOVAL CONTRACTOR <i>Bestway</i>				
Address: <i>PO Box 88</i>				
City: <i>Edwards</i>	State: <i>MS</i>	Zip: <i>39066</i>		
Contact: <i>Aaron Lee</i>	Tel: <i>601 883 3237</i>			
OTHER OPERATOR: <i>Tym 3 Management LLC</i>				
Address: <i>113 Addison Way</i>				
City: <i>Canton</i>	State: <i>MS</i>	Zip: <i>39046</i>		
Contact: <i>Cedric D. Lawrence</i>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<small>EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY; INSPECTOR: WILLIAM LEONARD; CERTIFICATION# ABI00907365; CERTIFICATION EXPIRATION DATE: 7/15/2016; DATE OF INSPECTION: 4/13/2016</small>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft:      Ln M:
Surface Area				Sq Ft: <i>700</i> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>03-12-17</i> Complete: <i>03-17-17</i>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>03-20-17</i> Complete: <i>03-21-17</i>				

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Dept. of Environmental Quality

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

Excavator

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

wet method

XII. WASTE TRANSPORTER #1

Name: Bestway

Address: P.O. Box 88

City: Edwards

State: MS

Zip: 39066

Contact Person: Aaron Lee

Tel: 601 883 3237

WASTE TRANSPORTER #2

Name: Tym 3 Management LLC

Address: 113 Addison Way

City: Canton

State: MS

Zip: 39046

Contact Person: Cedric D Lawrence

Tel: 901 857 4985

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 E County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Tel: 601 982 9488

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

Name: CITY OF JACKSON (CORETTA LAIRD)

Title: SUPERVISOR

Authority: COMMANDER JAYE COLEMAN

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. 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:

XVI. 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:

XVII. 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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Cedric D Lawrence Jr

Type or Print Name

(Signature of Owner/Operator)

(Date)