

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) **O**

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)

Bldg. Name: _____

Address **547 QUEEN PARK CIRCLE**

City: **JACKSON** State: **MS** Zip: **39209**

Site Location: **SAME AS ABOVE** Tel: _____

Building Size **2,079** # of Floors: **1** Age in Years: **52**

Present Use: **VACANT** Prior Use: **RESIDENTIAL**

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **STATE OF MISSISSIPPI**

Address: **547 QUEEN PARK CIRCLE**

City: **JACKSON** State: **MS** Zip: **39209**

Contact: **CORETTA LAIRD** Tel: **601-960-1054**

REMOVAL CONTRACTOR **Bestway**

Address: **P.O. Box 88**

City: **Edwards** State: **MS** Zip: **39066**

Contact: **Aaron Lee** Tel: **601 383 3237**

OTHER OPERATOR: **Tym 3 Management LLC**

Address: **113 Addison Way**

City: **Canton** State: **MS** Zip: **39046**

Contact: **Cedric D. Lawrence**

V. IS ASBESTOS PRESENT? (Yes/No) **YES**

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY. INSPECTOR WAYNE SPIRES. CERTIFICATION# ABID0007367. CERTIFICATION EXPIRATION DATE: 7/15/2016. DATE OF INSPECTION: 4/12/2016

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: 75	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **03/16/17** Complete: **03/16/17**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **03/17/17** Complete: **03/18/17**

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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: Tym 3 Management LLC

Address: 113 Addison Way

City: Canton

State: MS

Zip: 39046

Contact Person: Cedric D. Lawrence Jr

Tel: 901 857 4985

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

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 CRUMBLLED, 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.

Cedric D. Lawrence Jr

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)