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 3136 LAMPTON AVENUE

City: JACKSON	State: MS	Zip: 39213
Site Location: SAME AS ABOVE		Tel: 601-960-1054
Building Size 1,632	# of Floors: 1	Age in Years: 62
Present Use: VACANT	Prior Use: RESIDENTIAL	

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

OWNER NAME: JONATHAN T MITCHELL

Address: 1619 PLANTATION BOULEVARD

City: JACKSON	State: MS	Zip: 39211
Contact: CORETTA LAIRD		Tel: 601-960-1054

REMOVAL CONTRACTOR AcA Demolition & Project Group, LLC.

Address: 120 Hillcroft Place

City: Jackson	State: MS	Zip: 39211
Contact: Alton Smith		Tel: 601-238-0627

OTHER OPERATOR: Bestway Abatement EXP DATE 11-03-2017

Address: P.O Box 88

City: Edward	State: MS	Zip: 39066

Contact: Aaron Lee 601-383-3237

V. IS ASBESTOS PRESENT? (Yes/No) (YES) EXTERIOR WALL SIDING

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Leah Delahoussaye 5/16/2016

EPA 600/R-93/116 METHOD USING POLARIZED LIGHT - MICROSCOPY; INSPECTOR: WAYNE SPIRES; CERTIFICATION# ABI00007367; CERTIFICATION EXPIRATION DATE: 7/15/2016; DATE OF INSPECTION: 4/28/2016

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				LnFt:	Ln M:
Surface Area Exterior wall siding	75% Chrysotile			SqFt: 1,000	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: March 24, 2017 Complete: March 24, 2017

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: March 25, 2017 Complete: March 27, 2017

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Dept. of Environmental Quality

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

Track Hoe, Skid Steer, and Roll-Off Boxes

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

Plastic Bags and Covers with Water, wet method

XII. WASTE TRANSPORTER #1 Republic Waste Services

Name: "Scott"

Address: 1035 Old Brandon Rd

City: Flowood | State: MS | Zip: 39232

Contact Person: "Scott" | Tel: 601-906-4606

WASTE TRANSPORTER #2 Little Dixie Land Fill (Republic Services)

Name: Shane Ballard

Address: 1716 E. County Line Rd

City: Ridgeland | State: MS | Zip: 39157

Contact Person: Shane Ballard | Tel: 601-982-9488

XIII. WASTE DISPOSAL SITE

Name:

Address:

City: SAME | State: | Zip:

Tel:

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 ASTESTOS 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.

Alton Smith — Type or Print Name (Signature of Owner/Operator) — 3-16-2017 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alton Smith — Type or Print Name (Signature of Owner/Operator) — 3-16-2017 (Date)