

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 <input checked="" type="checkbox"/> Original R=Revised C=Canceled A= Annual							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demolition							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) One story							
Bldg. Name: New Jerusalem old YMCA House							
Address 1950 flowers Drive							
City: Jackson		State: MS		Zip: 39204			
Site Location: MS				Tel: 601-259-4317			
Building Size 3,000 SF		# of Floors: 1		Age in Years: 40+ yrs			
Present Use: Vacant		Prior Use: office					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: same as Above							
Address:							
City:		State:		Zip:			
Contact: Alvin Jackson				Tel: 601-259-4317			
REMOVAL CONTRACTOR socrates Garrett Enterprises							
Address: 2659 Livingston Road							
City: Jackson		State: MS		Zip: 39217			
Contact: Joseph Antoine				Tel: 601-212-9555			
OTHER OPERATOR:							
Address:							
City:		State:		Zip:			
Contact:							
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): Assumed 9x9 under 12x12, chimney flashing, window Caulking							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		RACM To Be Removed		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		1600 SF 6 windows		Category I Category II		UNIT square feet	
Pipes						Ln Ft: Ln M:	
Surface Area						Sq Ft: Sq M:	
Vol RACM Off Facility Component						Cu Ft: Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/15/2017				Complete: 5/17/2017			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/17/2017				Complete: 5/22/2017			

RECEIVED

APR 25 2017

Dept. of Environmental Quality

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

Asbestos will be removed and the building Demolished

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

Keep Material wet

XII. WASTE TRANSPORTER #1

Name: Socrates Barrett Enterprise

Address: 2639 Livingston Road

City: Jackson

State: MS

Zip: 39212

Contact Person: Joseph Antoine

Tel: 601-212-9555

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Land fill

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:

Title:

Authority:

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:

Stop work notify DEQ

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.

Joseph Antoine

(Signature of Owner/Operator)

4/25/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine

(Signature of Owner/Operator)

4/25/2017

(Date)