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: Revitalize MS.

Address: 0 Evergreen Ave.

City: Jackson | State: MS | Zip:

Site Location: | Tel:

Building Size: 1,500 | # of Floors: 1 | Age in Years: 50+

Present Use: unoccupied | Prior Use: residential

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

OWNER NAME: Revitalize MS.

Address:

City: | State: | Zip:

Contact: Jim Johnson | Tel: 601-506-9702

REMOVAL CONTRACTOR: Pearson Env.

Address: 118 Chasewood Dr.

City: Jackson | State: MS | Zip: 39212

Contact: Chris Pearson | Tel: 601-937-1186

OTHER OPERATOR: ACE - Demolition

Address:

City: | State: | Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No)

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Chris Pearson - Asbestos inspector PLM analysis @ NVLAP approved EMLab P&K

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	transite		✓	SqFt: 1,000	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-1-17 Complete: 6-5-17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:

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MAY 17 2017
Dept. of Environmental Quality

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

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Wet method removal of acM, 6 Mil poly bags

XII. WASTE TRANSPORTER #1 Pearson Env.

Name: Chris Pearson

Address: 118 Chasewood Dr.

City: Jackson | State: MS | Zip: 39212

Contact Person: | Tel: 601-937-1186

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie

Address: 1776 E. County Line Rd.

City: Ridgeland | State: MS | Zip:

Tel:

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 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.

Chris Pearson — Type or Print Name | [signature] — (Signature of Owner/Operator) | 5-17-17 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson — Type or Print Name | [signature] — (Signature of Owner/Operator) | 5-17-17 — (Date)