MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Deterator Project # Postmark Date Received (MDEQ use only) Notification # (MDEQ use only) I. Type of Notification (O-Original R-Revised C-Canceled A= Annual) III. 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) Bidg. Name: Address 918 MAPLE STREET City. JACKSON State: MS Zip: 39203 Tel: 601-960-1054 Building Size 1,196 # of Floors: 1 Age in Years: 70 Present Use: VACANT Prior Use: RESIDENTIAL IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator) OWNER NAME: OLLIE & LEOLA LOYD Address: 1902 PLEASANT City. JACKSON State: MS Zip: 39203 Tel: 601-960-1054 OR 601-960-1056 REMOVAL CONTRACTOR Alges for Building Size 1. 98 City: JACKSON State: MS Zip: 39203 Contact: City OF JACKSON (CORETTA LAIRD) Tel: 601-960-1054 OR 601-960-1056 CREMOVAL CONTRACTOR Alges for Building Size 1. 98 City: JACKSON State: MS Zip: 39203 City: JACKSON State: MS Zip: JACKSON State: MS Zip:	Mail notification to:	MDEQ A	sbestos Se	ection, 5	15 E. Am	ite Stree	t, Jackson, MS 39	9201		
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REMOVAL CONTRACTOR Abes to Bustoway Abatement (Ap. 1-03-2017) Address: 1.0 Bax 88 City: Educat 3 Contact: (Aurea 1 Tel: 60(-383-3237) OTHER OPERATOR: Memolification Aca Demolification 1 Project Group 162 City: Vacables State: M.S. Zip: 352/1 Contact: Altern Smith 661-238-6627 V. IS ASBESTOS PRESENT? (Yes/No) YES, BEIGE & BLACK SHEETROCK IN LIVINGROOM WALL, FRONT ROOM FLOOR TILE VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspection name and date of inspection): Legan Asbestos Material Not To Be Removed 2. Category I ACM Not Removed 3. Category I ACM Not Removed 3. Category II ACM Not Removed 3. Category II ACM Not Removed 4. Category II Category II Category II Category II Category II ACM Not Removed 3. Category II ACM Not Removed 4. Category II Category I	City: JACKSON			State: M	IS		Zip: 39203			
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CONTACT: OTHER OPERATOR: Demolition ACA Demolition 1 Protect Group LLC Address: / 20 Hilk rol't Place City: Jackson State: M.S. Zip: 352// Contact: Act on Sphiffs Gold Place City: Jackson State: M.S. Zip: 352// V. IS ASBESTOS PRESENT? (Yes/No.) YES, BEIGE & BLACK SHEETROCK IN LIVINGROOM WALL, FRONT ROOM FLOOR TILE VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Lech Del Canada State (Include inspector name and date of inspection): Lech Del Canada State (Include inspector name and date of inspection): Lech Del Canada State (Include inspector name and date of inspection): Tao202016 VII. APPROXIMATE AMOUNT OF ASBESTOS VIII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: RACM To Be Removed To Be Removed Measurement Below 1. Regulated ACM to be Removed Removed To Be Removed To Be Removed To Be Removed Measurement Below 2. Category I ACM Not Removed Removed To Be Removed To Be Removed To Be Removed Shape of Measurement Below 2. Category I ACM Not Removed Shape of Measurement Below Shape of Measuremen										
Address: / 20 #/kepit Place City: Jackson State: M.S. Zip: 352// Contact: Alten Smith Col - 138 - 6627 V. IS ASBESTOS PRESENT? (Yes/No) YES, BEIGE & BLACK SHEETROCK IN LIVINGROOM WALL, FRONT ROOM FLOOR TILE VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Lea Book 10 Procedure of the Presence of Asbestos Material (Include inspector name and date of inspection): Lea Book 11 Procedure of the Presence of Asbestos Material (Include inspector name and date of inspection): Lea Book 12 Procedure of the Presence of Asbestos Material Not To Be Removed Indicate Unit of Measurement Below VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed To Be Removed To Be Removed Indicate Unit of Measurement Below 2. Category I ACM Not Removed Removed Removed Indicate Unit of Measurement Below 2. Category II ACM Not Removed Removed Indicate Unit of Measurement Below 2. Category II ACM Not Removed Indicate Unit of Measurement Below 3. Category II ACM Not Removed Indicate Unit of Measurement Below 4. Category II Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Indicate Unit of Measurement Below Category	City: Edward			State:	MS					
Address: / 20 #/kepit Place City: Jackson State: M.S. Zip: 352// Contact: Alten Smith Col - 138 - 6627 V. IS ASBESTOS PRESENT? (Yes/No) YES, BEIGE & BLACK SHEETROCK IN LIVINGROOM WALL, FRONT ROOM FLOOR TILE VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Lea Book 10 Procedure of the Presence of Asbestos Material (Include inspector name and date of inspection): Lea Book 11 Procedure of the Presence of Asbestos Material (Include inspector name and date of inspection): Lea Book 12 Procedure of the Presence of Asbestos Material Not To Be Removed Indicate Unit of Measurement Below VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed To Be Removed To Be Removed Indicate Unit of Measurement Below 2. Category I ACM Not Removed Removed Removed Indicate Unit of Measurement Below 2. Category II ACM Not Removed Removed Indicate Unit of Measurement Below 2. Category II ACM Not Removed Indicate Unit of Measurement Below 3. Category II ACM Not Removed Indicate Unit of Measurement Below 4. Category II Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Category II Indicate Unit of Measurement Below Category II Indicate Unit of Measurement Below Category						Tel: 60(-383-3237				
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Contact: ALFan Sm. #6 Col - 238 - 6627 V. IS ASBESTOS PRESENT? (Yes/No) YES, BEIGE & BLACK SHEETROCK IN LIVINGROOM WALL, FRONT ROOM FLOOR TILE VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): EPA 600R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY; INSPECTOR JOHNNELL SMITH, CERTIFICATION ABOODE 134; CERTIFICATION EXPIRATION DATE: WIT1/2016; DATE OF INSPECTION: 7/20/2016 VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category I ACM Not Removed 3. Category II ACM Not Removed 4. Category II Category II Category II	Address: /20 Hikeof	+ Plac	e						u .	
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VII. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): LEA DECASON ASSESTED SERVICE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): LEA DECASON ASSESTED SERVICE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): LEA DECASON ASSESTED SERVICE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): LEA DECASON ASSESTED SERVICE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): LEA DECASON ASSESTED SERVICE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): LEA DECASON ASSESTED SERVICE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): LEA DECASON ASSESTED SERVICE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): LEA DECASON ASSESTED SERVICE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): LEA DECASON ASSESTED SERVICE OF INSPECTION: 7/20/2016 Nonfriable Asbestos Material Not Indicate Unit of Measurement Below Lea Decason Assessment Below Le	Contact: Acten Smith		061-2	138-	66	27				
EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY; INSPECTOR JOHNNELL SMITH; CERTIFICATION A 4000006134; CERTIFICATION EXPIRATION DATE: 9/11/2016; DATE OF INSPECTION: 7/20/2016 VIII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 4. Category II ACM Not Removed 5. Category II ACM Not Removed 6. Category II ACM Not Removed 7. Category II Category II 7. Complete: To y 14, 10, 7 7. Complete: To y 14, 10, 10 7. Complete: To y 14, 10, 10 7. Complete: To y 14, 10, 10 7. Com	V. IS ASBESTOS PRESENT? (Yes/No	YES, BEI	GE & BLA	CK SHE	ETROCI	K IN LIVI	INGROOM WALL	, FRONT ROC	M FLOOR TILE	
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: RACM 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 4. Category II Category II Category II Pipes Surface Area Vol RACM Off Facility Component VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) START VIII. SCHED	(include inspector name and date of ins	spection): 🆊	0-1	N. / i			0 .			
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3. Category II ACM Not Removed Chrystic Pipes Startmack Life Chrystic Linet: 800 Lin			To Be Removed			To Be Re	moved	Measuren	nent Below	
Pipes Startrack Life Househile LnFt: 800 Ln M: Surface Area Loi: An 760 2 Churstile SqFt: SqFt: Sq M: Vol RACM Off Facility Component CuFt: Cu M: VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: TU/Y J4 J017 Complete: TU/Y J4 J017	Category II ACM Not Remove	ed .			Catego	Category I	Category II	UNITO		
Surface Area Su	Folepior 45%	7/1						2200 St	3++	
Vol RACM Off Facility Component CuFt: Cu M: VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: TU/Y 14, 2017 Complete: TU/Y 14, 2017	Pipes Slaetrack	a he king						LnFt: 800	Ln M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: July 14, 2017 Complete: July 14, 2017	Surface Area	bor	2 Chry	stice				SqFt: SqFt	Sq M:	
N CONTROL TO DATE OF THE PROPERTY OF THE PROPE	Vol RACM Off Facility Component							CuFt:	Cu M:	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: JULY 14, 2017 Complete: JULY 15, 207	VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: JULY 14, 2017 Complete: JULY 14, 1017									
	X. SCHEDULED DATES DEMO/RENO	VATION (MM	/DD/YY) Sta	art:	JULY	24,	2017	Complete: TU	V 15, 207	

RECEIVED

JUL 1 1 2017

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:						
BAGGING, wet method, Plas	BATTING, wet method, Plastic Cover and Bag					
	ruices					
Name: SCOTT Thinks						
Address: 1035 618 Broadon Rd	1					
City: Howard	State: MS	Zip: 39232				
Contact Person: Scott John Son		Tel: 65 - 906 - 4606				
WASTE TRANSPORTER #2		•				
Name:						
Address:						
City:	State:	Zip:				
Contact Person:		Tel:				
XIII. WASTE DISPOSAL SITE Liftle Dixie L	and Fill (Re	gublic Services)				
Name: Shame Pollers						
Address: 1761 & County Line	Rol					
City: Riscalgad	State: NS	Zip: 39/.5 7				
Tel: 6-1-982-9489						
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	ICY, PLEASE IDENTIFY	THE AGENCY BELOW:				
Name: CITY OF JACKSON (CORETTA LAIRD)	Title: SU	PERVISOR				
Authority: COMMANDER JAYE COLEMAN						
Date of Order (MM/DD/YY):	Date Ord	lered 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 PROONSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING TYPE OF Print Name (Signature of Owner/Open	EVIDENCE THAT THE ING NORMAL BUSINES	REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY SS HOURS.				
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORR	ECT:	7/11/ Tal 7				
Type or Print Name (Signature of Owner/Opera	ator)	(Date)				



EMSL Analytical, Inc.

11931 Industriplex, Suite 100 Baton Rouge, LA 70809

Tel/Fax: (225) 755-1920 / (225) 755-1989

http://www.EMSL.com / batonrougelab@emsl.com

Attention: Johnnell Smith

City of Jackson PO Box 17

Jackson, MS 39205-0017

EMSL Order: 251604918 Customer ID: COJA62

Customer PO: Project ID:

Phone: (601) 960-1054

Fax: (601) 960-1700

Received Date: 08/09/2016 10:00 AM

Analysis Date: 08/10/2016 Collected Date: 07/20/2016

Project: 918 Maple Street Case # 2015-2275

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized **Light Microscopy**

			Non-Asbe	<u>Asbestos</u>	
Sample	Description	Appearance	% Fibrous	% Non-Fibrous	% Туре
M-1	Ceiling Living Room - Sheetrock	White Non-Fibrous		100% Non-fibrous (Other)	None Detected
251604918-0001		Homogeneous			
M-2-Floor Tile 1	Wall Living Room - Sheetrock	Brown/Black Non-Fibrous		100% Non-fibrous (Other)	None Detected
251604918-0002		Homogeneous			
M-2-Mastic 1	Wall Living Room - Sheetrock	Yellow Non-Fibrous		100% Non-fibrous (Other)	None Detected
251604918-0002A		Homogeneous			
M-2-Floor Tile 2	Wall Living Room - Sheetrock	Beige Non-Fibrous		98% Non-fibrous (Other)	2% Chrysotile
251604918-00028		Homogeneous			
M-2-Mastic 2	Wall Living Room - Sheetrock	Black Non-Fibrous		92% Non-fibrous (Other)	8% Chrysotile
251604918-0002C		Homogeneous			
M-3	Roof - Shingle	Gray/Black Fibrous	40% Cellulose	60% Non-fibrous (Other)	None Detected
251604918-0003		Heterogeneous			
M-4	Wall Left Front Room - Sheetrock	White Non-Fibrous		100% Non-fibrous (Other)	None Detected
251604918-0004		Homogeneous			
M-5	Floor Living Room - Tile	White Non-Fibrous		100% Non-fibrous (Other)	None Detected
251604918-0005		Homogeneous			
M-6-Floor Tile	Floor Left Front Room - Tile	White Non-Fibrous		98% Non-fibrous (Other)	2% Chrysotile
251604918-0006		Homogeneous			
M-6-Mastic	Floor Left Front Room - Tile	Black Non-Fibrous		100% Non-fibrous (Other)	<1% Chrysotile
251604918-0006A		Homogeneous			
M-7	Roof - Felt	Black Fibrous	60% Cellulose	40% Non-fibrous (Other)	None Detected
251604918-0007		Homogeneous		<u>- </u>	

Ana	lyst(s)		
l.eah	Delahous	save (11)	

Brett Heitzmann, Laboratory Manager or Other Approved Signatory

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Samples analyzed by EMSL Analytical, Inc. Baton Rouge, LA NVLAP Lab Code 200375-0, LELAP 01950, TX 300238

Initial report from: 08/10/2016 15:16:49