

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM


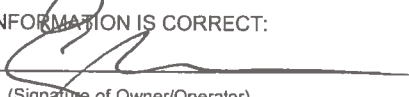
Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

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 4520 Belmede Pl				
City: Jackson	State: Ms.	Zip:		
Site Location:		Tel:		
Building Size 1,200 square feet	# of Floors: 1	Age in Years: +50		
Present Use: vacant	Prior Use: residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Ms Brookins				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
REMOVAL CONTRACTOR Pearson Environmental				
Address: 2040 Fox Cove east				
City: Byram	State: ms	Zip: 39272		
Contact: Chris Pearson	Tel: 601-937-1186			
OTHER OPERATOR: Big Ace Demolition				
Address: 140 Wesley Ave.				
City: Jackson	State: MS	Zip: 39202		
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):				
Chris Pearson - PLM-bulk samples - May 2017				
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		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area	1,500			Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/25/2017		Complete: 7/31/2017		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/10/17		Complete: 8/12/17		

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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:		
Amended water, 6 mil. poly bags and containments on critical barriers with the use of negative air		
XII. WASTE TRANSPORTER #1		
Name: Pearson environmental		
Address: 2040 fox cove east		
City: byram	State: ms	Zip: 39272
Contact Person: chris pearson	Tel:	
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIII. WASTE DISPOSAL SITE		
Name: little dixie		
Address: 1716 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 ASBESTOS 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 of Owner/Operator)	7/12/2017 (Date)
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
chris Pearson Type or Print Name	 (Signature of Owner/Operator)	7/12/2017 (Date)

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