# 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) Original

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)

Bldg. Name:

Address 5458 WILLIAMS DRIVE (STRUCTURE - UNSAFE TO ENTER)

| City: JACKSON | State: MS | Zip: 39209 |
|---|---|---|
| Site Location: SAME AS ABOVE | | Tel: 601-960-1054 |
| Building Size 825 | # of Floors: 1 | Age in Years: 67 |
| Present Use: VACANT | Prior Use: RESIDENTIAL | |

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

OWNER NAME: STATE OF MISSISSIPPI

Address: 5458 WILLIAMS DRIVE

| City: JACKSON | State: MS | Zip: 39209 |
|---|---|---|
| Contact: CITY OF JACKSON (CORETTA LAIRD) | | Tel: 601-960-1054 OR 601-960-1056 |

REMOVAL CONTRACTOR Tym 3 Management LLC

| Address: 113 Addison Way | | |
|---|---|---|
| City: Canton | State: MS | Zip: 39046 |
| Contact: Cedric Lawrence | | Tel: 901 857 4985 |

OTHER OPERATOR: Bestway (ABC2924)

| Address: PO Box 88 | | |
|---|---|---|
| City: Edwards | State: MS | Zip: 39066 |
| Contact: Aaron Lee | | |

V. IS ASBESTOS PRESENT? (Yes/No) YES - EXTERIOR SIDING & LIVINGROOM WALL/SHEETROCK

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

EPA 600/R-93/116 METHOD USING POLARIZED LIGHT - MICROSCOPY; INSPECTOR: WILLIAM LEONARD; CERTIFICATION# ABI00007365; EXPIRATION DATE: 7/15/2016; DATE OF INSPECTION: 9/2/2015

| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:<br>1. Regulated ACM to be Removed<br>2. Category I ACM Not Removed<br>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 | 400 Sqft | | | SqFt: 400 | Sq M: |
| Vol RACM Off Facility Component | | | | CuFt: | Cu M: |

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8-11-17 Complete: 8-14-17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8-14-17 Complete: 8-15-17

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Dept. of Environmental Quality

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

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

XII. WASTE TRANSPORTER #1

Name: ADS

Address: PO Box 1296

City: Clinton | State: MS | Zip: 39060-1296

Contact Person: | Tel: 601 925 0507

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: L.L Dixie Landfill

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: 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.

Cedric Lawrence (Type or Print Name) Cedric Lawrence (Signature of Owner/Operator) 7-31-17 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name (Signature of Owner/Operator) (Date)