MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

	ostmark	estos Section, 515	V	(MDEQ use only)	Notification #	(MDEQ use only)			
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual)									
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)									
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Residential house									
Bldg. Name:									
Address 229 Eisenh	SL_								
_{City:} Jackson	State: Ms	3	Zip:						
Site Location:			Tel:						
Building Size 1,500	# of Floors	: \	Age in Years: 30+						
Present Use: Vacant	Prior Use:	Prior Use: residential							
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)									
OWNER NAME: Secretary of the State of Mississippi									
Address: 125 South Congress Street									
_{City:} Jackson	State: Ms	3	Zip:39201						
Contact: Tyrone Hickman			Tel: 601-714-6234						
REMOVAL CONTRACTOR Pearson Environmental									
Address: 2040 Fox Cove East									
_{City:} byram	State: Ms	3	z _{ip:} 39272						
Contact: Chris			_{Tel:} 601-937-1186						
OTHER OPERATOR: Big Ace demo									
Address: 140 wesley ave.									
_{City:} jackson	State: ms	3	_{Zip:} 39202						
Contact: ace - 601-529-0222									
V. IS ASBESTOS PRESENT? (Yes/No)									
VI. PROCEDURE, INCLUDING ANALYTICAU METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL									
Chris Pearson-bulk PLM (NVLAP lab) - inspection date:									
VII. APPROXIMATE AMOUNT OF ASBE INCLUDING:	STOS	Nolli		anie		2007			
INCEODING.		DACA	Asbestos Material Not		Indicate Unit of				
Regulated ACM to be Remo	i	RACM To Be	To Be Removed		Measurement Below				
 Category I ACM Not Removed Category II ACM Not Removed 		Removed	Category I	Category II	UNIT				
1000									
Pipes					LnFt:	Ln M:			
Surface Area		louring			SqFt: vob	Sq M:			
Vol RACM Off Facility Component CuFt: Cu M:									
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/20/17 Complete: 8/20/17						20/17			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/21/17 Complete: 9/24/17									
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X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Demolition by way of escavator								
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:								
Asbestos will be removed								
XII. WASTE TRANSPORTER #1								
Name: Pearson Environmental								
Address: 2040 Fox Cove East								
_{City:} Byram	State: MS		_{Zip:} 39272					
Contact Person: Chris		Tel: 601-937-1186						
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: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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:								
MDEQ will be notified and amended water will be applied as well as upgraded containment								
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) XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:								
Chris Pearson 8/7/17								
Type or Print Name (Signature of Owner/Operator) (Date)								