

# 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) <b>Original</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Demolition</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name:					
Address <b>130 Barbara Avenue</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39209</b>			
Site Location: <b>Same as above</b>		Tel: <b>601-960-1054</b>			
Building Size <b>1,512</b>	# of Floors: <b>1</b>	Age in Years: <b>69</b>			
Present Use: <b>Vacant</b>	Prior Use: <b>Residential</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>State of Mississippi</b>					
Address: <b>130 Barbara Avenue</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39209</b>			
Contact: <b>City of Jackson (Coretta Laird)</b>		Tel: <b>601-960-1054 or 601-960-1056</b>			
REMOVAL CONTRACTOR <b>Tym 3 Management LLC</b>					
Address: <b>113 Addison Way</b>					
City: <b>Canton</b>	State: <b>MS</b>	Zip: <b>39046</b>			
Contact: <b>Cedric Lawrence</b>		Tel: <b>901 857 4985</b>			
OTHER OPERATOR: <b>Bestway (ABC 2924)</b>					
Address: <b>P.O. Box 88</b>					
City: <b>Edwards</b>	State: <b>MS</b>	Zip: <b>39066</b>			
Contact: <b>Aaron Lee</b>					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes, house's siding - House Unsafe To Enter</b>					
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: Wayne Spires; Certification# ABI00007367; Certification Expiration Date: 1/25/2018; Date of Inspection: 4/5/2017					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Category I	Category II	UNIT
Pipes					Ln Ft:
Surface Area	<b>500 Sqft</b>			Sq Ft:	<b>500</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9-5-17</b>			Complete: <b>9-5-17</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9-6-17</b>			Complete: <b>9-7-17</b>		

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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: AOS

Address: PO Box 1296

City: Clinton

State: MS

Zip: 39060

Contact Person:

Tel: 601 925 0507

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Lil Dixie Landfill

Address: 1716 E County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Tel: 601 992 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 ASBESTOS MATERIAL BECOMES CRUMBLER, 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)

8-23-17  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)