

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 1913 Bienville Drive			
City: Jackson	State: MS	Zip: 39212	
Site Location: Same as above		Tel: 601-960-1054	
Building Size 1,360	# of Floors: 1	Age in Years: 51	
Present Use: Vacant	Prior Use: Residential		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Renita Johnson			
Address: 636 Willowbrook Drive			
City: Gretna	State: LA	Zip: 70056	
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 (ABC 2924)			
Address: PO Box 88			
City: Edwards	State: MS	Zip: 39066	
Contact: Aaron Lee			
V. IS ASBESTOS PRESENT? (Yes/No) Yes, exterior wall siding			
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; Certification Expiration Date: 7/15/2016; Date of Inspection: 5/11/2016			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		Indicate Unit of Measurement Below	
		RACM To Be Removed	UNIT
Pipes		Category I	Category II
Surface Area	400 Sq Ft		
Vol RACM Off Facility Component			
		Ln Ft:	Ln M:
		Sq Ft: 400	Sq M:
		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-6-17		Complete: 9-6-17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-7-17		Complete: 9-8-18	

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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: 39056

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: 601 982 9468

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 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)

8-23-17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)