

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 1627 Dalton Street				
City: Jackson	State: MS	Zip: 39204		
Site Location: Same as above		Tel: 601-960-1054		
Building Size 700	# of Floors: 1	Age in Years: 56		
Present Use: Vacant	Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: State of Mississippi				
Address: 1627 Dalton Street				
City: Jackson	State: MS	Zip: 39204		
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: Destiny (ABC 2924)				
Address: PO Box 88				
City: Edwards	State: MS	Zip: 39066		
Contact: Aaron Lee				
V. IS ASBESTOS PRESENT? (Yes/No) Yes, tan living room tile, beige & white sheet rock in living room ceiling				
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: 7/15/2016; Date of Inspection: 9/23/2015				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 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				Ln Ft: Ln M:
Surface Area	350 sq ft			Sq Ft: 350 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-7-17		Complete: 9-7-17		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-8-17		Complete: 9-9-17		

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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

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 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 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)