

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 2320 Woodlawn Street			
City: Jackson	State: MS	Zip: 39213	
Site Location: Same as above		Tel: 601-960-1054	
Building Size 1,944	# of Floors: 1	Age in Years: 65	
Present Use: Vacant	Prior Use: Residential		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: Martha Rawls			
Address: 3420 Cardinal Street			
City: Jackson	State: MS	Zip: 39213	
Contact: City of Jackson (Coretta Laird)		Tel: 601-960-1054 or 601-960-1056	
REMOVAL CONTRACTOR Tgm 3 Management LLC			
Address: 113 Addison Way			
City: Canton	State: MS	Zip: 39046	
Contact: Cedric Lawrence		Tel: 901 857 4985	
OTHER OPERATOR: Bestway (ADC 2924)			
Address: PO Box 88			
City: Edwards	State: MS	Zip: 39066	
Contact: Aaron Lee			
V. IS ASBESTOS PRESENT? (Yes/No) Yes, living room wall sheetrock & red kitchen tile			
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: 4/18/2016			
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 		RACM To Be Removed	
		Category I	Category II
		UNIT	
Pipes			Ln Ft: Ln M:
Surface Area	375 sq ft		Sq Ft: 375 Sq M:
Vol RACM Off Facility Component			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-8-17		Complete: 9-9-17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-9-17		Complete: 9-9-17	

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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: P.O. BOX 1296

City: Clinton

State: MS

Zip: 39060-1296

Contact Person:

Tel: 601-925-6507

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: Bogalusa

State: MS

Zip: 39157

Tel:

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)