

# 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>3235 Meadowlane Drive</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39206</b>			
Site Location: <b>Same as above</b>		Tel: <b>601-960-1054</b>			
Building Size <b>1,480</b>	# of Floors: <b>1</b>	Age in Years: <b>66</b>			
Present Use: <b>Vacant</b>	Prior Use: <b>Residential</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Charles M Greene</b>					
Address: <b>PO Box 660</b>					
City: <b>Edwards</b>	State: <b>MS</b>	Zip: <b>39066</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>Gedric Lawrence</b>		Tel: <b>901-857-4985</b>			
OTHER OPERATOR: <b>Bestway (APC 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, exterior wall siding</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: William Leonard; Certification# ABI00007365; Certification Expiration Date: 7/15/2016; Date of Inspection: 4/26/2016					
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				LnFt:	Ln M:
Surface Area	<b>800 sqft</b>			SqFt: <b>800</b>	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9-12-17</b>				Complete: <b>9-12-17</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9-13-17</b>				Complete: <b>9-13-17</b>	

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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: P.O. BOX 1296
City: Clinton State: MS Zip: 39060-1296
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 Cedric Lawrence 8-23-17
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)