

# 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>O</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Residential house</b>					
Bldg. Name:					
Address <b>156 Archer Ave</b>					
City: <b>Jackson</b>	State: <b>Ms</b>	Zip:			
Site Location:		Tel:			
Building Size <b>1,500</b>	# of Floors:	Age in Years:			
Present Use: <b>Vacant</b>	Prior Use: <b>residential</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Secretary of the State of Mississippi</b>					
Address: <b>125 South Congress Street</b>					
City: <b>Jackson</b>	State: <b>Ms</b>	Zip: <b>39201</b>			
Contact: <b>Tyrone Hickman</b>	Tel: <b>601-714-6234</b>				
REMOVAL CONTRACTOR <b>Pearson Environmental</b>					
Address: <b>2040 Fox Cove East</b>					
City: <b>byram</b>	State: <b>Ms</b>	Zip: <b>39272</b>			
Contact: <b>Chris</b>	Tel: <b>601-937-1186</b>				
OTHER OPERATOR: <b>Big Ace demo</b>					
Address: <b>140 wesley ave.</b>					
City: <b>jackson</b>	State: <b>ms</b>	Zip: <b>39202</b>			
Contact: <b>ace - 601-529-0222</b>					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>Chris Pearson-bulk PLM (NVLAP lab) - inspection date:</b>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> <li>Regulated ACM to be Removed</li> <li>Category I ACM Not Removed</li> <li>Category II ACM Not Removed</li> </ol>		Category I	Category II	UNIT	
Pipes	<b>brown &amp; beige floor tile</b>			LnFt:	Ln M:
Surface Area				SqFt: <b>500</b>	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9/8/17</b>				Complete: <b>9/10/17</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9/10/17</b>				Complete: <b>10/10/17</b>	

RECEIVED

AUG 29 2017

Dept. of Environmental Quality

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

**Demolition by way of escavator**

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Asbestos will be removed

XII. WASTE TRANSPORTER #1

Name: **Pearson Environmental**

Address: **2040 Fox Cove East**

City: **Byram**

State: **ms**

Zip: **39272**

Contact Person: **Chris**

Tel: **601-937-1186**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **Little Dixie**

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:

Title:

Authority:

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 CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:

**MDEQ will be notified and amended water will be applied as well as upgraded containment**

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.

**Chris Pearson**

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

**Chris Pearson**

Type or Print Name

(Signature of Owner/Operator)

(Date)