MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to:	MDEQ Asbesto	s Section, 515	E. Amite Street	t, Jackson, MS 39	201			
Operator Project #	Postmark		Date Received	(MDEQ use only)	Notification #	(MDEQ use only)		
Type of Notification (O=Original R=Revised C=Canceled A= Annual)								
II. TYPE OF OPERATION (D=Demo			Emer. Renovation)	D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Residential house								
Bldg. Name:								
Address 34 S	Sears St.							
City: Jackson		State: M	S	zip: 39213				
Site Location:			Tel:					
Building Size 1,500		# of Floors	S	Age in Years:				
Present Use: Vacant		Prior Use:	Prior Use: residential					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)								
OWNER NAME: Secretary of the State of Mississippi Address: 125 South Congress Street								
City: Jackson	zip: 39201							
		State: M:	3	Tel: 601-714-6234				
Contact: Tyrone Hickman REMOVAL CONTRACTOR Pearson Environmental								
Address: 2040 Fox Cove Ea		ritai						
			2	zip:39272				
City: byram Contact: Chris		State: IVI	,	Tel:601-937-1186				
OTHER OPERATOR: Big Ace d		Tel: 001-001-1100						
Address: 140 wesley ave.	emo		- 18					
Address: 140 Wesley ave.		State: ms	2	zip: 39202				
Contact: ace - 601-529-0222		State: 111	S Zip:00202					
V. IS ASBESTOS PRESENT? (Yes/No)								
VI. PROCEDURE, INCLUDING ANAL	YTICAL METHOD, I	F APPROPRIATI	E, USED TO DETE	CT THE PRESENCE	OF ASBESTOS	MATERIAL		
Chris Pearson-	hspection):	/ /NI\/I	AD lab)	inches	tion da	to: 1 . 7		
VII. APPROXIMATE AMOUNT OF AS		(INVL		riable	tion ua	ic. Aug wi		
INCLUDING:	BEOTOS		Asbe	estos al Not	Indicate Unit of Measurement Below			
Regulated ACM to be Remo	oved	RACM To Be		emoved				
Category I ACM Not Remove	/ed	Removed	Category I	Category II	UNIT			
3. Category II ACM Not Rem	ved							
Pipes					LnFt:	Ln M:		
Surface Area	Ceil	in textus			SqFt: 1000	Sq M;		
Vol RACM Off Facility Component) -			CuFt:	Cu M;		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/5/17 Complete: 9/10/17								
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 94017 Egonplete: 10/10/17								
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AUG 2 9 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 ASTESTOS MATERIAL BECOMES CRUMBLED, 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 PROONSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING Chris Pearson Type or Print Name Signature of Owner/Open	EVIDENCE T	THAT THE REQU	JIRED TRAINING HAS BEEN ACCOMPLISHED BY					
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:								
Chris Pearson 8/28/17								
Type or Print Name (Signature of Owner/Operator) (Date)*								