

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 1842 FIRST AVENUE					
City: JACKSON	State: MS	Zip: 39209			
Site Location: SAME AS ABOVE		Tel: 601-960-1054			
Building Size 1,074	# of Floors: 1	Age in Years: 71			
Present Use: VACANT	Prior Use: RESIDENTIAL				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: STATE OF MISSISSIPPI					
Address: 1842 FIRST AVENUE					
City: JACKSON	State: MS	Zip: 39209			
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: 601 857 4185			
OTHER OPERATOR: Bestway (ABC 2424)					
Address: PO Box 88					
City: Edward	State: MS	Zip: 39066			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) YES - EXTERIOR WALL/SIDING, WASH ROOM FLOOR TILE & WINDOWS/PUTTY					
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: LEWIS YOUNGER; CERTIFICATION# ABI00001761; EXPIRATION DATE: 7/17/2016; DATE OF INSPECTION: 9/1/2015					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<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	475 Sq ft			Sq Ft: 475	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-14-17			Complete: 9-14-17		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-15-17			Complete: 9-16-17		

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 1246

City: Clinton

State: MS

Zip: 39060-1246

Contact Person:

Tel: 601 925 0507

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: L1 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.

Cedar Lawrence
Type or Print Name

Cedar Lawrence
(Signature of Owner/Operator)

7-31-17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Type or Print Name

(Signature of Owner/Operator)

(Date)