

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		RECEIVED			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demolition					
SEP 12 2017					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: DEQ-OPC					
Address 2227 ROBINSON STREET					
City: JACKSON	State: MS	Zip: 39209			
Site Location: SAME AS ABOVE		Tel: 601-960-1054			
Building Size 3,328	# of Floors: MULTI	Age in Years: 77			
Present Use: VACANT	Prior Use: RESIDENTIAL				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: PENNY DEFRANCO					
Address: 2 CLARIDGE DRIVE 10FW					
City: VERONA	State: NJ	Zip: 07044			
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: 901 857 4485			
OTHER OPERATOR: Bestway (MDL 2924)					
Address: PO Box 88					
City: Edwards	State: MS	Zip: 39066			
Contact: Arnon Lee					
V. IS ASBESTOS PRESENT? (Yes/No) YES - WINDOWS LEFT DOWNSTAIRS LIVINGROOM/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: 2/17/2016					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed			
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Category I</td> <td style="width: 50%; text-align: center;">Category II</td> </tr> </table>		Category I	Category II
				Category I	Category II
Indicate Unit of Measurement Below					
Pipes			Ln Ft: 10 Ln M:		
Surface Area	10 Ln ft		Sq Ft: Sq M:		
Vol RACM Off Facility Component			Cu Ft: Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-15-17		Complete: 9-15-17			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-16-17		Complete: 9-17-17			

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 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: L.I. 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

Type or Print Name

Cedric 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)