MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to:	MDEQ Asbestos Se	ction, 515	E. Amite Street	t, Jackson, MS 39	201			
Operator Project #	Postmark		Date Received	(MDEQ use only)	Notification #	(MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual)								
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)								
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) SEP 2 1 2017								
Bldg. Name: Abandoned Building								
ddress 153 East Pear Street								
City: Jackson		State: MS		Zip: 3920.1				
Site Location: 153 East Pearl Street, Jackson, MS 39201 Tel:								
Building Size ~3600 sq.ft.		# of Floors	. 1	Age in Years: 25				
Present Use: Commercial		Prior Use:		Comm	mercial			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)								
OWNER NAME: City of Jackson								
Address:	200 South Provident Street							
city: Jackson		State:	MS	Zip:	39201			
Contact:	ntact: Phillip Barnes			Tel:	el: 601-960-1132			
REMOVAL CONTRACTOR	EMOVAL CONTRACTOR M and M Services, Inc.							
Address: Post Office Box 68431								
city: Jackson	Jackson		MS	Zip: 39286				
Contact: Dale McGuffie				Tel: 601-982-8695				
OTHER OPERATOR: N/A								
Address: N/A								
City: N/A	N/A State:		N/A	Zip:	N/A			
Contact:			N/A					
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): Craig R. Farmer, 9/19/2017								
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RA	СМ	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below			
	ed Ren	o Be noved	Category I	Category II	UNIT			
Pipes					LnFt:	Ln M:		
Surface Area floor tile	~3	600			SqFt: X	Sq M:		
Vol RACM Off Facility Component					CuFt:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10/2/2017 Complete: 12/31/17								
IX. SCHEDULED DATES DEMO/RENO	VATION (MM/DD/YY)	Start:	10/2/20)17	Complete:	12/31/17		

X. DESCRIPTION OF PLANNED Ruilding	is unsound and ca				ning building				
XI. DESCRIPTION OF WORK PRADEMOLITION OR RENOVATION	ACTICES AND ENGINEER								
Structure will be kept wet du	iring demolition to prev	ent emiss	ions and dus	st.					
XII. WASTE TRANSPORTER #1			M and M	Services, Inc.					
Name:	M and M Services, Inc.								
Address:		Post Office Box 68431							
city: Jack	son	State:	MS	Zip:	39286				
Contact Person:	Dale McGuff	ie		Tel:	601-982-8695				
WASTE TRANSPORTER #2			N	I/A					
Name:			N/A						
Address:			N/A						
City: N/	A	State:	N/A	Zip:	N/A				
Contact Person:	N/A			Tel:	N/A				
XIII. WASTE DISPOSAL SITE									
Name:	ame: Little Dixie Landfill								
Address:	1761 County Line Road								
City: Ridge	land	State:	MS	Zip:	39157				
Tel:		601-	982-9488						
XIV. IF DEMOLITION ORDERED	BY A GOVERNMENT AGEN	ICY, PLEAS	E IDENTIFY TH	E AGENCY BELOW:					
Name: Ph	nillip Barnes		Title:	Proper	ty Manager				
Authority:		Cit	y of Jackson	n					
Date of Order (MM/DD/YY):	8/29/17 Date Ordered to Begin (MM/DD/YY): 8/29/17				8/29/17				
XV. FOR EMERGENCY RENOVA	TIONS:			N/A					
Date and Hour of Emergency (MM/DD/YY):			N/A						
Description of the sudden unexpected event:			N/A						
Explanation of how the event cause	ed unsafe conditions or wou		ipment damage	e or an unreasonable fina	ncial burden:				
XVI. DESCRIPTION OF PROCEDI NONFRIABLE ASTESTOS MATER	RIAL BECOMES CRUMBLE	D, PULVERI		JCED TO POWDER:	S FOUND OR PREVIOUSLY				
XVII. I CERTIFY THAT AN INDIVID ONSITE DURING THE DEMOLITION THIS PERSON WILL BE AVAILAB Dale McGuffie, President	ON OR BENOVATION, AND	EVIDENCE	THAT THE RE	EQUIRED TRAINING HA HOURS.					
Type or Print Name	(Signature of Owner/Ope	erator)			(Date)				
XVIII. I CERTIFY THAT THE ABOV Dale McGuffie, President	E INFORMATION & GOR	RECT:			9/19/17				
Type or Print Name	(Signature of Owner/Oper	rator)			(Date)				