

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

RECEIVED
OCT 13 2017
 Dept. of Environmental Quality

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 1134 Carnation Street				
City: Jackson	State: MS	Zip: 39213		
Site Location: Same as above		Tel: 601-960-1054		
Building Size 1,196	# of Floors: 1	Age in Years: 67		
Present Use: Vacant	Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: State of Mississippi				
Address: 1134 Carnation Street				
City: Jackson	State: MS	Zip: 39213		
Contact: City of Jackson (Coretta Laird)		Tel: 601-960-1054 or 601-960-1056		
REMOVAL CONTRACTOR Bestway Abatement				
Address: 222 Vicksburg St.				
City: Edwards	State: MS	Zip: 39066		
Contact: Aaron Lee		Tel: 601 383-3237		
OTHER OPERATOR: Copperfield Construction				
Address: P.O. Box 2176				
City: Ridgeland	State: MS	Zip: 39158-2176		
Contact: Cleophus Amerson		601 326-2854		
V. IS ASBESTOS PRESENT? (Yes/No) Yes, plaster ceiling living room				
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: Lonnie Moses; Certification# ABI00007296; Certification Expiration Date: 7/17/2016; Date of Inspection: 1/15/2016				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes	0			Ln Ft: Ln M:
Surface Area	325			Sq Ft: <input checked="" type="checkbox"/> Sq M:
Vol RACM Off Facility Component	0			Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		10/25/17	Complete: 10/25/17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		10/26/17	Complete: 10/27/17	

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

Crush building and dispose of, Wet Method

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: Bestway Abatement

Address: 222 Vicksburg St.

City: Edwards

State: MS

Zip: 39066

Contact Person: Aaron Lee

Tel: 601 383-3237

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 County Line Road

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:

Stop work and notify DEQ.

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.

Joy B. Amerson (Signature of Owner/Operator)

10/6/17 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joy B. Amerson (Signature of Owner/Operator)

10/6/17 (Date)