

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) O					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Residential house					
OCT 11 2017					
Bldg. Name:					
Address: 3206 James Hill St.					
City: Jackson	State: MS	Zip: 39212	MDEQ OPC		
Site Location:		Tel:			
Building Size: 1,500	# of Floors:	Age in Years:			
Present Use: Vacant	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	State: Ms	Zip: 39201			
Contact: Tyrone Hickman		Tel: 601-714-6234			
REMOVAL CONTRACTOR: Pearson Environmental					
Address: 2040 Fox Cove East					
City: byram	State: Ms	Zip: 39272			
Contact: Chris		Tel: 601-937-1186			
OTHER OPERATOR: Big Ace demo					
Address: 140 wesley ave.					
City: jackson	State: ms	Zip: 39202			
Contact: ace - 601-529-0222					
V. IS ASBESTOS PRESENT? (Yes/No) yes					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
Chris Pearson-bulk PLM (NVLAP lab) - inspection date: 10/5/17					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed			
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		Indicate Unit of Measurement Below			
		Category I	Category II	UNIT	
Pipes	Flooring / pip STARTS			Ln Ft: 100 sq ft	Ln M:
Surface Area				Sq Ft: 3000	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-25-17		Complete: 10/26/17			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11-25-17		Complete: 11/26/17			

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

Demolition by way of excavator

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: **Big Ace**

Address: **140 Wesley Ave.**

City: **Jackson**

State: **ms**

Zip: **39202**

Contact Person: **ACE**

Tel: **601 529 0222**

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:

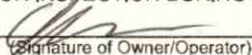
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

MDEQ will be notified and amended water will be applied as well as upgraded containment

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE 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.

Chris Pearson

Type or Print Name

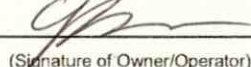

(Signature of Owner/Operator)

10-11-17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name


(Signature of Owner/Operator)

10-11-17
(Date)