## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: Operator Project #	Postmark	tos section, 313		(MDEQ use only)	Notification #	(MDEQ use only)	
Type of Notification (O=Original	R=Revised C=Cancel	ed A= Annual) O					
II. TYPE OF OPERATION (D=Del			Emor Popovation	D			
III. FACILITY DESCRIPTION (Incli					se		
	ude building name, nu	mber and noor or r	dom number)	ordornal ribas			
Bidg. Name:  Address 4207 C	L					T 14 27	
	hennault	State: M	c				
City: Jackson		State: IVI	3	Zip:			
Site Location:				Tel:			
	Building Size 1,500		s: \	Age in Years: 33T			
Present Use: Vacant		Prior Use:	residential	1			
IV. FACILITY INFORMATION (Ide	ntify owner, removal c	ontractor, and other	er operator)				
OWNER NAME: Secretary	of the State	of Mississi	ippi				
Address: 125 South Congr	ess Street					- 27143	
City: Jackson		State: M	S	Zip: 39201			
Contact: Tyrone Hickman	. Ha lighten				Tel: 601-714-6234		
REMOVAL CONTRACTOR Per		nental	TEAT IS				
Address: 2040 Fox Cove							
City: byram	State: M	s	zip:39272				
Contact: Chris		State.		Tel:601-937-1186			
OTHER OPERATOR: Big Ace	demo						
Address: 140 wesley ave.						1 - 10	
City: jackson		State: m	S	Zip: 39202			
Contact: ace - 601-529-02	22	State. ***		Zip. 00202			
V. IS ASBESTOS PRESENT? (C) VI. PROCEDURE, INCLUDING AN	NALYTICAL METHOD	, IF APPROPRIAT	E, USED TO DETE	CT THE PRESENC	E OF ASBESTOS	MATERIAL	
(Include inspector name and date	of inspection):	1/ /1/ / 1	AD lab	lmanaa	tion do	ta. 11 tana	
Chris Pearson		M (MAT			ction da	ie. 1/201	
VII. APPROXIMATE AMOUNT OF INCLUDING:	ASBESTOS		Nonfriable Asbestos		P. E. W. 77		
		RACM		al Not emoved	Indicate Unit of Measurement Below		
<ol> <li>Regulated ACM to be Re</li> <li>Category I ACM Not Re</li> </ol>	moved	To Be Removed					
3. Category II ACM Not Re	moved	Category I		Category II UNIT		JNIT	
Pipes					LnFt:	Ln M:	
Surface Area	9.	x9 flowsing			SqFt: 500	Sq M:	
		1			CuFt:	Cu M:	
Vol RACM Off Facility Component					ST STALL BOX AND ADDRESS OF THE PARTY OF	0 0 1111	

Demolition by way of escavator	OVATION WORK, AND MET	HOD(S) TO BE USED:			
XI. DESCRIPTION OF WORK PRACTICES AND ENGINES DEMOLITION OR RENOVATION SITE:	ERING CONTROLS TO BE U	USED TO PREVENT EMISSIONS OF ASBESTOS AT THE			
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	Contact Person: Chris Tel: 601-937-1186				
WASTE TRANSPORTER #2					
Name: Big Ace					
Address: Po Box 1434					
City: Jackson	State: MS	Zip:			
Contact Person: Acc	1-1				
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 AC	GENCY, PLEASE IDENTIFY	THE AGENCY BELOW:			
Name:	Title:				
Authority:					
Date of Order (MM/DD/YY):	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 v	would cause equipment dama	age or an unreasonable financial burden:			
A THE LET A LATER TO	United the Super	THE STREET STREET			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWE NONFRIABLE ASTESTOS MATERIAL BECOMES CRUME					
MDEQ will be notified and amended wa					
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE	PROVISIONS OF THIS REC	GULATION (40 CFR PART 61, SUBPART M) WILL BE			
ONSITE DURING THE DEMOLITION OR RENOVATION, A THIS PERSON WILL BE AVAILABLE FOR INSPECTION D					
Chris Pearson  Type or Print Name (Senature of Owner/		11 27/17			
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CO		(Date)			
Chris Pearson	ONICOT.	11/22/17			
Type or Print Name (Signature of Owner/C	Operator)	(Date)			

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## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Operator Project # Postmark	Asocsios Section,	Date Received	d (MDEQ use only		(MDEQ use only)
I. Type of Notification (O=Original R=Revised C=C	anceled A= Annual)	0			
II. TYPE OF OPERATION (D=Demo O= Ordered			n) D		FIXER -
III. FACILITY DESCRIPTION (Include building name				ise	T. A.
Bldg. Name:					7 2017
Address 4209 Chenne	witt				
City: Jackson		Ms	Zip:	DEN	non
Site Location:			Tel:		010
Building Size 1,500		loors:	Age in Years: 38 +		
Present Use: Vacant		Prior Use: residential			
IV. FACILITY INFORMATION (Identify owner, rem	oval contractor, and	other operator)			
OWNER NAME: Secretary of the St	ate of Missi	ssippi		10.00	
Address: 125 South Congress Street					
City: Jackson		Ms	Zip: 39201		
Contact: Tyrone Hickman			Tel: 601-714-6234		
REMOVAL CONTRACTOR Pearson Envir	ronmental				
Address: 2040 Fox Cove East				1 1 1 1	
<sub>City:</sub> byram	State	Ms	zip:39272		
Contact: Chris			Tel: 601-937-1186		
OTHER OPERATOR: Big Ace demo					
Address: 140 wesley ave.					
city:jackson		ms	Zip: 39202		
Contact: ace - 601-529-0222					
V. IS ASBESTOS PRESENT? (VO/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL ME (Include inspector name and date of inspection):	THOD, IF APPROPE	RIATE, USED TO DET	FECT THE PRESEN	CE OF ASBESTOS	MATERIAL
Chris Pearson-bulk F	DIM (NV	AP lah	- inspe	ction da	te'u lear
VII. APPROXIMATE AMOUNT OF ASBESTOS	Livi (140		nfriable	Ton da	10.4/01/
INCLUDING:	11	Asbestos Material Not		Indicate Unit of	
Regulated ACM to be Removed	RACM To Be	To Be	Removed	moved Measuremen	
Category I ACM Not Removed     Category II ACM Not Removed	Removed	Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area	flooring	mastic		SqFt: 500	Sq M:
Vol RACM Off Facility Component	1			CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAI	(MM/DD/YY) Start:	12/8/10		Complete: 12	116/17
IX. SCHEDULED DATES DEMO/RENOVATION (	MM/DD/YY) Start:	12/16/1	7	Complete: 11	11./18

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVA	ATION WORK, AND M	METHOD(S) TO BE USED:				
Demolition by way of escavator	NC CONTROLS TO	BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE				
DEMOLITION OF RENOVATION SITE:	NG CONTROLS TO	BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE				
Asbestos will be removed						
XII. WASTE TRANSPORTER #1		St. Committee of the Co				
Name: Pearson Environmental						
Address: 2040 Fox Cove East	- N					
<sub>City:</sub> Byram	State: ms Z <sub>ip:</sub> 39272					
Contact Person: Chris	on: Chris Tel: 601-937-1186					
WASTE TRANSPORTER #2						
Name: Big Ace	+ /	\$ 17 DESTRUCTION OF THE PROPERTY OF THE PROPER				
Address: Po Box 1134	W.Li.					
City: Jackson						
Contact Person: Ace		Tel: 601 529 0222				
XIII. WASTE DISPOSAL SITE						
Name: Little Dixie	THE STATE OF					
Address: 1716 E. County Line Rd.	7.10					
City: Ridgeland	State: ms	Zip: 39157				
Tel: 601-982-9488						
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	NCY, PLEASE IDENT	IFY 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 wou	ld cause equipment d	amage or an unreasonable financial burden:				
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED I NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLE	D, PULVERIZED, OR	REDUCED TO POWDER:				
MDEQ will be notified and amended wate						
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROPOSITE DURING THE DEMOLITION OR RENOVATION, AND THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING Chris Pearson	EVIDENCE THAT T	HE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY NESS HOURS.				
Type or Print Name (Signature of Owner/Ope	erator)	(Date)				
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORF	RECT:	11/22/17 11/22/17				
Type or Print Name (Signature of Owner/Operator) (Date)						