

# 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) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>Residential house</b>				
Bldg. Name:				
Address <b>4207 Chennault</b>				
City: <b>Jackson</b>	State: <b>Ms</b>	Zip:		
Site Location:			Tel:	
Building Size <b>1,500</b>	# of Floors: <b>1</b>	Age in Years: <b>30<sup>r</sup></b>		
Present Use: <b>Vacant</b>	Prior Use: <b>residential</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Secretary of the State of Mississippi</b>				
Address: <b>125 South Congress Street</b>				
City: <b>Jackson</b>	State: <b>Ms</b>	Zip: <b>39201</b>		
Contact: <b>Tyrone Hickman</b>			Tel: <b>601-714-6234</b>	
REMOVAL CONTRACTOR <b>Pearson Environmental</b>				
Address: <b>2040 Fox Cove East</b>				
City: <b>byram</b>	State: <b>Ms</b>	Zip: <b>39272</b>		
Contact: <b>Chris</b>			Tel: <b>601-937-1186</b>	
OTHER OPERATOR: <b>Big Ace demo</b>				
Address: <b>140 wesley ave.</b>				
City: <b>jackson</b>	State: <b>ms</b>	Zip: <b>39202</b>		
Contact: <b>ace - 601-529-0222</b>				
V. IS ASBESTOS PRESENT? <input checked="" type="checkbox"/> Yes/No				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>Chris Pearson-bulk PLM (NVLAP lab) - inspection date: 11/2017</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes				Ln Ft:      Ln M:
Surface Area	<b>9x9 flooring</b>			Sq Ft: <b>500</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>12/8/16</b> Complete: <b>12/16/17</b>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>12/16/17</b> Complete: <b>1/16/18</b>				

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: Po Box 1434

City: Jackson

State: Ms

Zip:

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 CRUMBLLED, 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)

11/22/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

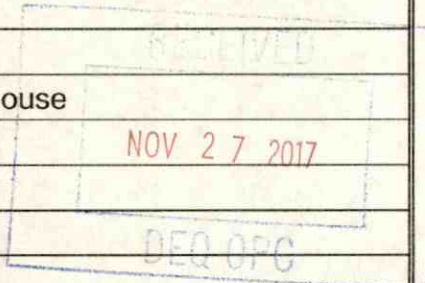
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Surface Area	<b>flooring/mastic</b>			Sq Ft: <b>500</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
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