MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to:	MDEQ Asbestos So	ection, 515				44050			
Operator Project #	Postmark Date Receive		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					6				
Bldg. Name:					Kill	AVE U			
Address 4204 Larchmont									
City: Jackson		State: Ms		Zip:	NOV 2	7 2017			
Site Location:				Tel:		į			
Building Size 1,500		# of Floors:		Age in Years:	BOT DED	OPC			
Present Use: Vacant		Prior Use: residential		Live to the same of the same o		and the state of t			
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 Ea	st								
_{City:} byram		State: Ms		zip:39272					
Contact: Chris				_{Tel:} 601-937-1186					
OTHER OPERATOR: Big Ace demo									
Address: 140 wesley ave.									
_{City:} jackson	9		S	Zip:39202					
Contact: ace - 601-529-0222									
V. IS ASBESTOS PRESENT? (N	0)								
VI. PROCEDURE, INCLUDING ANAL (Include inspector name and date of in	nspection):								
Chris Pearson-I	oulk PLM	(NVL	AP lab)	- inspec	tion dat	e: 11/2017			
VII. APPROXIMATE AMOUNT OF AS		Nonfr							
INCLUDING:	D/	CM	Materi	al Not	Indicate Unit of Measurement Below				
Regulated ACM to be Remo	oved To	Ве	To Be R	ernoved					
Category I ACM Not Removed Category II ACM Not Removed		noved	Category I	Category II	U	NIT			
Pipes					LnFt:	Ln M:			
Surface Area	Sid	MO			SqFt: 1,500	Sq M:			
Vol RACM Off Facility Component				<u> </u>	CuFt:	Cu M:			
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/8/17 Complete: 12/14/17									
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/16/17 Complete: 1/16/18									

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:									
Demolition by way of escavator	EDING CONTROL	I C TO DE LICE	TO DESCRIPT EMISSIONS OF ASSESTED AT THE						
XI, DESCRIPTION OF WORK PRACTICES AND ENGINE DEMOLITION OR RENOVATION SITE:	EERING CONTROL	LS TO BE USE	O 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			Tel: 601-937-1186						
WASTE TRANSPORTER #2									
Name: Big Ace		,							
Address: PD Box 1434									
City: Jackso	State:		Zip:						
Contact Person:			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 A	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 FOLLOW	/ED IN THE EVEN	T THAT LINEYD	ECTED ASRESTOS IS FOLIND OR PREVIOUSLY						
NONFRIABLE ASTESTOS MATERIAL BECOMES CRUM									
MDEQ will be notified and amended w	ater will be a	pplied as v	vell as upgraded containment						
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THI ONSITE DURING THE DEMOLITION OR RENOVATION THIS PERSON WILL BE AVAILABLE FOR INSPECTION	AND EVIDENCE	THAT THE REC	UIRED TRAINING HAS BEEN ACCOMPLISHED BY						
Chris Pearson	DURING NORMAL	_ BUSINESS H	11/22/17						
Type or Print Name (Signature of Swne	er/Operator)		11/22/17 (Date)						
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:									
Chris Pearson (722)[7									
Type or Print Name (Signature of Owner/Operator) (Date)									