

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				
Bldg. Name:				
Address 1412 Mayes St				
City: Jackson	State: Ms	Zip:		
Site Location:		Tel:		
Building Size 1,500	# of Floors: 1	Age in Years: 30^r		
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: Dec. 2017				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area	Siding			Sq Ft: 1,500 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/19/18 Complete: 1/21/18				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/21/18 Complete: 3/21/18				

Dept. of Environmental Quality

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

Demolition by way of escavator

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:

Address:

City:

State:

Zip:

Contact Person:

Tel:

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)

1/4/18
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

1/4/18
(Date)