

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)				
Bldg. Name:				
Address 4307 Patch Ave.				
City: Jackson	State: MS	Zip:		
Site Location:		Tel:		
Building Size 1,500	# of Floors: 1	Age in Years: 50+		
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 St.				
City: Jackson	State: MS	Zip: 39201		
Contact: Tyrone Hickman		Tel: 601-714-6234		
REMOVAL CONTRACTOR Pearson Environmental Services				
Address: 2040 Fox Cove East				
City: Byram	State: MS	Zip: 39272		
Contact: Chris		Tel: 6019371186		
OTHER OPERATOR: Big Ace				
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) - inspection date- May-November 2017				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
Pipes	<i>Siding / floor tile / Braunberg linoleum</i>			Ln Ft: Ln M:
Surface Area				Sq Ft: 2000 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/16/2018 Complete: 2/26/2018				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/26/2018 Complete: 4/26/2018				

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: 6019371186

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie landfill

Address: 1716 E. county line rd

City: Ridgeland

State: ms

Zip: 39157

Tel: 6019829488

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)

2/5/2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

2/5/2018

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		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area	9x9 tile			Sq Ft: 500 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
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chris Pearson
Type or Print Name

(Signature of Owner/Operator)

2/5/2018

(Date)

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Chris Pearson

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