

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) Original					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demolition					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <i>Residential House</i>					
Address <i>529 S. Prentiss St.</i>					
City: <i>Jackson</i>	State: <i>MS</i>	Zip: <i>39206</i>			
Site Location: <i>Same as above</i>		Tel: <i>601-960-2366</i>			
Building Size <i>1,392</i>	# of Floors: <i>1</i>	Age in Years: <i>80</i>			
Present Use: <i>Vacant</i>	Prior Use: <i>Residential</i>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <i>Mickey C. Garret</i>					
Address: <i>PO Box 180574</i>					
City: <i>Richland</i>	State: <i>MS</i>	Zip: <i>39218</i>			
Contact: <i>Henry Davis, (Code Enforcement Supervisor)</i>		Tel: <i>601-960-1054 or 601-960-2366</i>			
REMOVAL CONTRACTOR <i>Thomas Management Group LLC</i>					
Address: <i>1060 E Countyline Rd Ste3A-342</i>					
City: <i>Ridgeland</i>	State: <i>MS</i>	Zip: <i>39157</i>			
Contact: <i>Tianna Thomas</i>		Tel: <i>601-573-5869</i>			
OTHER OPERATOR: <i>Bestway (ABC 2924)</i>					
Address: <i>PO Box 88</i>					
City: <i>Edward</i>	State: <i>MS</i>	Zip: <i>39066</i>			
Contact: <i>Aaron Lee</i>					
V. IS ASBESTOS PRESENT? (Yes/No) <i>YES (See attached Asbestos report)</i>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
EPA 600/R-93/116 Method using polarized light microscopy; Inspector: Wayne Spires; Certification# AB100007367; Certification Expiration Date: 7/17/2016; Date of Inspection: <i>4/14/18</i>					
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				Ln Ft:	Ln M:
Surface Area	<i>256sqft</i>			Sq Ft: <i>256</i>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>04-18-18</i>				Complete: <i>04-18-18</i>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>04-23-18</i>				Complete: <i>04-23-18</i>	

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

Excavator

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Wet Method

XII. WASTE TRANSPORTER #1

Name: Thomas Management Group LLC

Address: 1060 E Countyline Rd Ste3A-342

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Tianna Thomas

Tel: 601-573-5869

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Lil Dixie Landfill

Address: 1716 E Countyline 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: City of Jackson (Henry Davis)

Title: Code Enforcement Supervisor

Authority: Henry Davis

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:

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.

Tianna Thomas

Type or Print Name

Tianna Thomas
(Signature of Owner/Operator)

04-03-18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Tianna Thomas

Type or Print Name

Tianna Thomas
(Signature of Owner/Operator)

04-03-18

(Date)