

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) R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Revitalize Mississippi				
Address: 3141 Sage St.				
City: Jackson	State: MS	Zip:		
Site Location:		Tel:		
Building Size 1500	# of Floors: 1	Age in Years: 30+		
Present Use: vacant	Prior Use: residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: State of Mississippi				
Address: 125 S congress st.				
City: Jackson	State: ms	Zip: 39201		
Contact: tyrone Hickman		Tel:		
REMOVAL CONTRACTOR Pearson Environmental				
Address: 2040 Fox Cove east				
City: Byram	State: ms	Zip: 39272		
Contact: Chris Pearson		Tel: 601-9371186		
OTHER OPERATOR: Big Ace demo				
Address: 140 Wesley Ave.				
City: jackson	State: ms	Zip: 39202		
Contact: ace				
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 - NVLAP-PLM- sampled- April 9th				
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 UNIT
		Category I	Category II	
Pipes	flooring/ ceiling texture			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: 4/30/2018		Complete: 4/31/2018		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5/30/2018		Complete: 6/30/2018		

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

Excavator and dump

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

Wet method, 6 millimeter polypropylene sheeting and bagging

XII. WASTE TRANSPORTER #1 **Pearson Environmental**

Name:

Address: **2040 Fox Cove east**

City: **byram**

State: **ms**

Zip: **39272**

Contact Person: **chris pearson**

Tel: **6019371186**

WASTE TRANSPORTER #2 **Big ace**

Name:

Address: **140 wesley ave.**

City: **Jackson**

State: **ms**

Zip: **39202**

Contact Person: **ACE**

Tel: **6015290222**

XIII. WASTE DISPOSAL SITE

Name: **Little dixie**

Address: **1716 W. 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:

cease work, wet and contain materials.. call DEQ

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)

4/17/2018

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

4/17/2018

(Date)