

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) Revised				
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: Residential Home				
Address 3340 Cherrywood Drive				
City: Jackson	State: MS	Zip: 39206		
Site Location: Same as above		Tel: 601-960-2366		
Building Size 1,222 square feet	# of Floors: 1	Age in Years: 58		
Present Use: Vacant	Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: State of Mississippi				
Address:				
City:	State:	Zip:		
Contact: Henry Davis (Code Enforcement Supervisor)		Tel: 601-960-1054 or 601-960-2366		
REMOVAL CONTRACTOR Advanced Environmental Consultants, Inc.				
Address: 775 North President Street				
City: Jackson	State: MS	Zip: 39202		
Contact: DeJonnette Grantham King		Tel: 601-362-1788		
OTHER OPERATOR: Same as above				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) Yes (See Attached Asbestos Report provided by the City of Jackson)				
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: William Leonard, Certificate # ABI00008315, Date of Inspection: 7/13/17				
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				LnFt: Ln M:
Surface Area	1,222		X	SqFt: 1,222 Sq M:
Vol RACM Off Facility Component				CuFt: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/25/18		Complete: 4/26/18		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/26/18		Complete: 5/4/18		

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 Dept. of Environmental Quality

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

Track hoe and bull dozer will be used to demolish home.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Areas will be misted with surfactant water prior to removal of transite siding. Transite

siding will be removed in a manner to minimize emissions.

XII. WASTE TRANSPORTER #1

Name: Advanced Environmental Consultants, Inc.

Address: 775 North President Street

City: Jackson

State: MS

Zip: 39202

Contact Person: DeJonnelle Grantham-King

Tel: 601-362-1788

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI Little Dixie Landfill

Address: 1716 W. County Line Road

City: Ridgeland

State: MS

Zip: 39157

Tel:

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: N/A

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:

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.

DeJonnelle G. King

Type or Print Name

(Signature of Owner/Operator)

4/19/18

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DeJonnelle G. King

Type or Print Name

(Signature of Owner/Operator)

4/19/18

(Date)