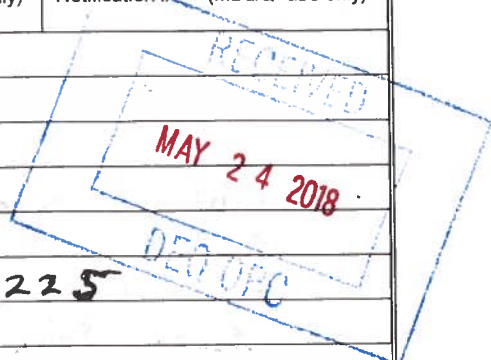


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) 0					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) E					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name:					
Address: 113 President St					
City: Sackson	State: MS.	Zip: 39225			
Site Location:		Tel:			
Building Size: 106x40	4240	# of Floors: 1	Age in Years:		
Present Use: vacant	Prior Use: selon				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Trace Place Properties LLC					
Address: 43 Karnham Pl					
City: Metairie Metairie	State: LA	Zip: 70005			
Contact: Kip Gilbert	Tel: (504) 782-6098				
REMOVAL CONTRACTOR other JorCo Construction					
Address: 562 B Industrial Dr.					
City: Richland	State: MS	Zip: 39218			
Contact: Dale Jordan	Tel: 601 825-1081				
OTHER OPERATOR Removal Pearson Environmental					
Address: 2040 For Cow East					
City: Byran	State: MS	Zip: 39272			
Contact: Chris Pearson					
V. IS ASBESTOS PRESENT? (<input checked="" type="checkbox"/> Yes) <input type="checkbox"/> No					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
Pearson Environmental 5-8-2018					
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 Joint Compound				LnFt: 700	Ln M: 59 Ft
Surface Area Floor Tile				SqFt: 1800	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-29-2018 Complete: 5-31-2018					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-29-2018 Complete: 6-29-2018					



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

Wet

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

XII. WASTE TRANSPORTER #1

Name: Republic Services

Address: 1035 Old Brandon Rd

City: Pearl Flouwood

State: MS

Zip:

Contact Person: Scott Johnson

Tel: 601 906-4606

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie

Address: 1716 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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

stop work and notify MOEA

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)

5-24-2018
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale Jordan
Type or Print Name


(Signature of Owner/Operator)

5-24-2018
(Date)