74852

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) R

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) Yazoo City Housing Authority

Bldg. Name: Lindsey Lawn apts

Address 121 Lindsey Lawn Drive

City: Yazoo City	State: MS	Zip: 39194
Site Location: Yazoo City Housing Authority		Tel: (662) 746-2226
Building Size: See attachment	# of Floors: 2	Age in Years: 50+
Present Use: Apartment Complex	Prior Use: Apartment Complex	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Yazoo City Housing Authority

Address: 941 Calhoun Ave. Yazoo City, MS 39194

City: Yazoo City	State: MS	Zip: 39194
Contact: Betty Wallace Reed		Tel: (662) 746-2226

REMOVAL CONTRACTOR: Anderson Environmental

Address: P.O. Box 16891

City: Jackson	State: MS	Zip: 39236
Contact: Daryl Anderson		Tel: 601-940-4644

OTHER OPERATOR: Unicorp LLC.

Address: 24 One Madison Plaza # 1500, Madison, MS 39110

City: Madison	State: MS	Zip: 39110
Contact: Kevin Klar		

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):

PLM analytical method, Dejonette King11-09-2016

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				LnFt:	Ln M:
Surface Area See Attachment				SqFt:	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1-17-19 Complete: 2-30-20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1-25-19 Complete: 3-30-20

RECEIVED
JAN 15 2019
JAN 10 2019
DEQ OPC

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

Renovation of housing authority apartments, methods used in accordance with all EPA and OSHA

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

Area placed in containment under negative pressure and removed using wet methods

XII. WASTE TRANSPORTER #1

Name: Waste Pro

Address: 4517 Methodist Home Rd, Jackson, MS 39213

City: Jackson | State: MS | Zip: 39213

Contact Person: J.R. | Tel: (601) 981-9950

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE: Allied Waste Little Dixie Landfill

Name: Little Dixie Landfill

Address: 1716 N County Line Rd, Ridgeland, MS 39157

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:

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Halt all work and notify the proper authority

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.

Daryl Anderson — Type or Print Name | (Signature of Owner/Operator) | 1-10-19 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson — Type or Print Name | (Signature of Owner/Operator) | 1-10-19 (Date)