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) D

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Residential House

Address 634 MCDOWELL RD

City: Jackson	State: MS	Zip: 39202
Site Location: Same as above		Tel:
Building Size 1,377	# of Floors: 1	Age in Years: 70
Present Use: Vacant	Prior Use: Residential	

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

OWNER NAME: SOUTH JACKSON MODULAR HOUSING TR 4

Address: P O BOX 4442

City: MARTINSVILLE	State: VA	Zip: 24115
Contact: City of Jackson Samantha Graves		Tel: 601-960-1054/ 601-960-1426

REMOVAL CONTRACTOR AcA Demolition & ProJect Group, LLC

Address: 120 Hillcrest Place

City: Jackson,	State: MS	Zip: 39211
Contact: Alton Smith		Tel: 601-238-0627

OTHER OPERATOR: Anderson Environmental Services, Inc Exp. 10/02/19

Address: 870 Foley St.

City: Jackson	State: MS	Zip: 39202
Contact: Daryl Anderson		

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): Turnee West 8/29/2019

EPA 600-R-93-116 BULK PLM (NVLAP LAB)- Inspector: ROBERT BRUNSON : Certification: AAB103R01-10; Date of Inspection: 8/22/19

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 Exterior wall siding	25% Chrysotile			SqFt: 1,200	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-14-2019 Complete: 10-14-2019

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-15-2019 Complete: 10-16-2019

RECEIVED

OCT 02 2019

Dept. of Environmental Quality

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

Truck-Hoe, Skid Steer And Roll-Off Boxes

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

Bagging, wet method, plastic cover and Bag

XII. WASTE TRANSPORTER #1 American Disposal Services (ADS)

Name: Contact "Donna"

Address: 1312 Springridge Rd

City: Clinton | State: MS | Zip: 39056

Contact Person: Donna / Rob | Tel: 601-925-0507

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill (Shane Ballard) "Asbestos"

Address: 1716 E 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: City of Jackson Samantha Graves | Title: Code Enforcement Officer

Authority: City of Jackson

Date of Order (MM/DD/YY): 10/1/2019 | 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:

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.

Alton Smith — Type or Print Name | Alton Smith — (Signature of Owner/Operator) | 10-2-2019 — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Alton Smith — Type or Print Name | Alton Smith — (Signature of Owner/Operator) | 10-2-2019 — (Date)