

# 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) <span style="float: right;">O</span>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">D</span>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:				
Address <b>140 GRANDVIEW CIRCLE</b>				
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39212</b>		
Site Location: <b>Same as above</b>		Tel: <b>601-960-1054</b>		
Building Size <b>1,404</b>	# of Floors: <b>1</b>	Age in Years: <b>69</b>		
Present Use: <b>Vacant</b>	Prior Use: <b>Residential</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>MAGNOLIA REO LLC</b>				
Address: <b>P O BOX 13713</b>				
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39236</b>		
Contact: <b>City of Jackson (SAMANTHA GRAVES)</b>		Tel: <b>601-960-1054 or 601-960-1426</b>		
REMOVAL CONTRACTOR <b>R &amp; C Services</b>				
Address: <b>P O Box 7038</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39282</b>		
Contact: <b>Raymond Granderson</b>		Tel: <b>6624587773</b>		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>EPA 600/R-93/116 Bulk PLM (NVLAP lab); Inspector: ROBERT BRUNSON Cert # AB103R01-10, Inspection Date: 12/14/2018</b>				
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	60			Ln Ft:      Ln M:
Surface Area				Sq Ft: <input checked="" type="checkbox"/> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>10/29/2020</b>			Complete: <b>11/4/2020</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>11/10/2020</b>			Complete: <b>11/15/2020</b>	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
Complete demolition of building using excavator and heavy equipment.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Water spray will be used to control all dust from demolition activities. Waste material will be handled using wet methods, hepa vacuuming, container labeling, and will be transported to a licensed landfill.

XII. WASTE TRANSPORTER #1

Name: Jackson City Landfill

Address: I-55 South Frontage Rd

City: Byram

State: MS

Zip: 39272

Contact Person:

Tel: (601) 373-5863

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Jackson City Landfill

Address: I-55 South Frontage Rd

City: Byram

State: MS

Zip: 39272

Tel: (601) 373-5863

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: ROBERT BRUNSON

Title: Code Enforcement Supervisor

Authority: CITY OF JACKSON

Date of Order (MM/DD/YY): 8/18/2020

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:

All material will be treated, handled, and landfilled as asbestos containing waste.

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.

Raymond Granderson  
Type or Print Name

*Raymond Granderson*  
Signature of Owner/Operator

10/7/2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Raymond Granderson

*Raymond Granderson*  
Signature of Owner/Operator

10/7/2020

(Date)