

# 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) <input type="radio"/>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg Name: Residential House					
Address: 2728 HILLSIDE DR					
City: Jackson		State: MS	Zip: 39204		
Site Location: Same as above					
Building Size: 1,062		# of Floors: 1	Age in Years: 59		
Present Use: Vacant		Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: YOUNG ANGUS					
Address: 601 10TH ST					
City: SACRAMENTO		State: MS	Zip: 95814		
Contact: CITY OF JACKSON		Tel: 601-960-1054			
REMOVAL CONTRACTOR: XQUISITE LAWN CARE, LLC					
Address: P.O. Box 16891					
City: Jackson		State: MS	Zip: 39236		
Contact: Daryl Anderson		Tel: 601-354-4400			
OTHER OPERATOR: Xquisite lawn care					
Address: 1737 Brecon Dr					
City: Jackson		State: MS	Zip: 39211		
Contact: Stephen Jones		601-540-1139			
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):					
SAMANTHA GRAVES- SE201SEAB1030-3					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft	Ln Ft
Surface Area: Transite siding	850 SF			Sq Ft	Sq Ft
Vol RACM Off Facility Component				Cu Ft	Cu Ft
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		11-09-20	Complete: 11-30-20		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		11-10-20	Complete: 11-30-20		

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OCT 22 2020

Dept. of Environmental Quality

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

Demolition of City of Jackson abandon houses

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

Removal using wet method, 6 mil poly, signs and Barriers

XII. WASTE TRANSPORTER #1

Name: Anderson Environmental

Address: P.O. Box 16891

City: Jackson

State: MS

Zip: 39236

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Allied Waste Little Dixie landfill

Address: 1716 N 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: 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 NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Halt all work and notify proper authority

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART G) WILL BE ON-SITE 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 *Daryl Anderson*

10-21-2020

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson *Daryl Anderson*

10-21-2020

Type or Print Name

(Signature of Owner/Operator)

(Date)

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