

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 <input checked="" type="radio"/> Ordered Demo R=Renovation E=Emer. Renovation)					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Residential House					
Address: 558 HEATHERWOOD DR					
City: Jackson	State: MS	Zip: 39212			
Site Location: Same as above			Tel:		
Building Size: 1,815	# of Floors: 1	Age in Years: 56			
Present Use: Vacant	Prior Use: Residential				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: STATE OF MISS					
Address: 125 S CONGRESS ST					
City: JACKSON	State: MS	Zip: 39201			
Contact: CITY OF JACKSON	Tel: 601-960-1054				
REMOVAL CONTRACTOR: Anderson Environmental					
Address: P. O. Box 16891					
City: Jackson	State: ms	Zip: 39236			
Contact: Daryl Anderson	Tel: 601-948-4644				
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):					
ROBERT BRUNSON /02-03-20/ (#AB103R01-10) (EPA 600/R-93/116)					
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				Ln Ft:	Ln M:
Surface Area: <u>Widow's Floor</u>	<u>60 SF</u>			Sq Ft: <u>X</u>	Sq M:
Vol RACM Off Facility Component:				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>11-05-20</u> Complete: <u>11-30-20</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>11-06-20</u> Complete: <u>11-30-20</u>					

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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 NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, 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 J) 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*

Type of Print Name

(Signature of Owner/Operator)

10-21-2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson *Daryl Anderson*

Type of Print Name

(Signature of Owner/Operator)

10-21-2020

(Date)

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