

# 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 (C=Original Notification L=Cancelled A=Annual)

II. TYPE OF OPERATION (D=Demo O=Ordered Demo R=Renovation E=Enter Renovation)

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

Building Name: Residential House

Address: 206 WHITFIELD ST

City: Jackson

State: MS

Zip: 39202

Site Location: Same as above

Building Size: 0

# of Floors: 1

Age in years: 0

Present Use: Vacant

Prior Use: Residential

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

OWNER NAME: CARTER SHAWN

Address: 5356 KAYWOOD DR

City: JACKSON

State: MS

Zip: 39211

Contact: CITY OF JACKSON

TEL: 601-980-1064

REMOVAL CONTRACTOR: Anderson Environmental

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 Brecken Dr

City: Jackson

State: MS

Zip: 39211

Contact: Stephen Jones

TEL: 601-540-1139

V. IS ASBESTOS PRESENT? (Yes/No) NO

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:

1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RCM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		INDICATE UNIT OF MEASUREMENT BELOW
		Category I	Category II	
Pipes				LF LFM
Surface Area	NO ACM			SF Sq M
Vol RCM Off Facility Component				CY Cu M

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11-05-20 N/A Complete: 11-30-20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11-05-20 Complete: 11-30-20

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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:

(NO ACM FOUND)

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 (NO ACM FOUND)

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

Agency: 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 (30 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 *[Signature]*

10-21-2020

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson *[Signature]*

10-21-2020

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Dept. of Environmental Quality