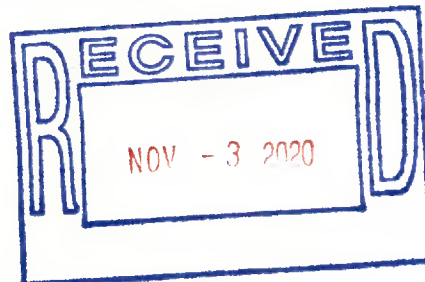


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 815 E. Austin Street, Jackson, MS 39201

Contract Project #	Permit #	State Permit # (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (C=Contract Re-Permitted C=Canceled Air Annual)					
II. TYPE OF OPERATION (1=Demolition 2=Contract Demolition 3=Renovation 4=Other Renovation)					
III. FACILITY DESCRIPTION (include building name, number and floor or room number)					
Bldg. Name: <u>101-1030</u>					
Address: <u>409 Hudson St.</u>					
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39203</u>			
Site Location: <u>Section</u>					
Building Size: <u>1200 SF</u>	# of Floors: <u>1</u>	Age in Years: <u>20 plus</u>			
Present Use: <u>VACANT</u>	Prop. Use: <u>Home</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>Habitat for Humanity</u>					
Address:					
City:	State:	Zip:			
Contact:					
REMOVAL CONTRACTOR: <u>Secretair Barrette Enterprises</u>					
Address: <u>2659 Livingston Road</u>					
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39213</u>			
Contact: <u>Joseph Antoine</u>					
Tel: <u>601-212-9555</u>					
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (include inspector name and date of inspection)					
<u>PLM Chris Pearson 11/2/2020</u>					
VII. APPROPRIATE 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	Residual Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
				<u>2</u>	Ln ft
				<u>500</u>	Sq ft
				<u>0</u>	Cu ft
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>11/5/2020</u> Complete: <u>11/5/2020</u>					
IX. SCHEDULED DATES DEMOLITION/RENOVATION (MM/DD/YY) Start: <u>11/5/2020</u> Complete: <u>11/5/2020</u>					

Courtesy Notices are house on the block rules completely Burn.



XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHODS TO BE USED

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

XII. WASTE TRANSPORTER #1

Name: S. Cooper, Garrett Enterprises
Address: 2659 Livingston St, Oakland
City: Oakland State: CA Zip: 94613
Contact Person: Joseph H. Haines Tel: 601-212-8095

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name:
Address:
City: State: Zip:
Tel:

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

Name: Title:
Authority:
Date of Order (MM/DDYY): Date Ordered to Begin (MM/DDYY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DDYY):
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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

Notify DEP

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) 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.

Joseph H. Haines (Signature of Owner/Operator) 10/30/2020 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph H. Haines (Signature of Owner/Operator) 10/30/2020 (Date)