

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project # 110420201	Postmark 11/04/2020	Date Received (MDEQ use only)	Notification # (MDEQ use only)
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I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) **O**

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

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) **Single Family Home**

Bldg. Name: **1207/1209 Rosemont Ave**

Address **1207/1209 Rosemont Ave**

City: **Jackson**

State: **MS**

Zip: **39207**

Site Location: **1207/1209 Rosemont Ave**

Tel:

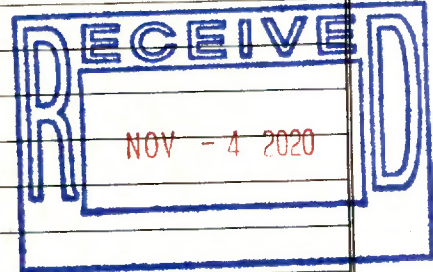
Building Size **1000 Sq Ft**

of Floors: **1**

Age in Years: **70**

Present Use: **Vacant**

Prior Use: **Single Family Home**



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

OWNER NAME: **Davis Temple Headquarters Church of God and Christ**

Address: **1700 Daulton St**

City: **Jackson**

State: **MS**

Zip: **39204**

Contact: **Jerome Benjamin**

Tel: **601-502-7756**

REMOVAL CONTRACTOR: **Cj Asbestos Abatement**

Address: **7830 hwy 27**

City: **Vicksburg**

State: **MS**

Zip: **39180**

Contact: **Robert Johnson**

Tel: **601-218-1395**

OTHER OPERATOR:

Address:

City:

State:

Zip:

Contact:

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):

Floor Tile and Mastic to be removed. Inspector Paul Anderson DOI 09/29/2020

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	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 				Ln Ft:	Ln M:
Pipes				Sq Ft: 400	Sq M:
Surface Area				Cu Ft:	Cu M:
Vol RACM Off Facility Component					
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/17/20				Complete: 11/20/20	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/17/20				Complete: 11/20/20	

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

Removal of Asbestos containing material. Demolition of building using track hoe and dump truck

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

Double Bagging

XII. WASTE TRANSPORTER #1

Name: Cj Asbestos Abatement

Address: 7830 hwy 27

City: Vicksburg

State: MS

Zip: 39180

Contact Person: Robert Johnson

Tel: 601-218-1395

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Republic Environmental Services

Address: 1035 Old Brandon Rd

City: Flowood

State: MS

Zip: 39232

Tel: 601-613-8671

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

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

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:

Work will stop. The extent of the asbestos will be assessed. Notifications will be completed as needed

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.

Robert Johnson
Type or Print Name

(Signature of Owner/Operator)

11/4/20
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Robert Johnson

Type or Print Name

(Signature of Owner/Operator)

11/4/20
(Date)