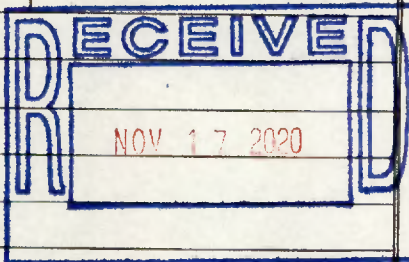


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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) <b>O</b>				
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: <b>Residential House</b>				
Address <b>2115 OAKHURST DR</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39204</b>		
Site Location: <b>Same as above</b>			Tel:	
Building Size <b>960</b>	# of Floors: <b>1</b>	Age In Years: <b>67</b>		
Present Use: <b>Vacant</b>	Prior Use: <b>Residential</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>WARE ROBBIE H</b>				
Address: <b>2507 HANNAH AVE</b>				
City: <b>VICKSBURG</b>	State: <b>MS</b>	Zip: <b>39180</b>		
Contact: <b>CITY OF JACKSON</b>	Tel: <b>601-960-1054</b>			
REMOVAL CONTRACTOR <b>R&amp;C SERVICES, LLC</b>				
Address: <b>P O Box 7038</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39282</b>		
Contact: <b>Raymond Granderson</b>	Tel: <b>6624587773</b>			
OTHER OPERATOR: <b>Raymond Granderson</b>				
Address: <b>987 Gore Rd</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39212</b>		
Contact: <b>Raymond Granderson</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>ROBERT BRUNSON - DECEMBER 19,2019 EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY</b>				
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	
Pipes				Ln Ft:      Ln M:
Surface Area	91			Sq Ft: <input checked="" type="checkbox"/> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>11/30/2020</b>			Complete: <b>12/01/2020</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>12/03/2020</b>			Complete: <b>12/04/2020</b>	





X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
Complete demolition of building using excavator and heavy equipment.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:  
Water spray will be used to control all dust from demolition activities.  
Waste material will be handled using wet methods, hepa vacuuming, container labeling, and will be transported to a licensed landfill.

XII. WASTE TRANSPORTER #1

Name: Jackson City Landfill

Address: I-55 South Frontage Rd

City: Byram

State: MS

Zip: 39272

Contact Person:

Tel: (601) 373-5863

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Jackson City Landfill

Address: I-55 South Frontage Rd

City: Byram

State: MS

Zip: 39272

Tel: (601) 373-5863

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): 7/7/2020

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

All material will be treated, handled, and landfilled as asbestos containing waste.

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.

Raymond Granderson

*Raymond Granderson*  
(Signature of Owner/Operator)

11/16/2020

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Raymond Granderson

*Raymond Granderson*  
(Signature of Owner/Operator)

11/16/2020

(Date)





# Hinds County

MISSISSIPPI  
FOUNDED 1821 \* POPULATION 248,645

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## Landroll Detail

Parcel Number	Map Reference Number	<a href="#">View Map</a> <a href="#">Property Taxes</a> <a href="#">Gis Map</a>
213-192	729.00 1 197.00	
Subdivision No. 37	Homestead Exemption Account Numbers	
Assessed Owner <b>WARE ROBBIE H</b> 2507 HANNAH AVE VICKSBURG MS 39180	Assessed Values	
	Land Value	1,800
	Improvement Value	822
	Total	2,622
	Appraised Values	
	Land Value	12,000
	Improvement Value	5,480
	Total	17,480
	Building Info.	
	Type	RES
	Base Area	960
	Adjusted Area	971
	Year Built	1953
	Deed Info.	
	Book & Page	4358-0411
	Date	09/06/1994
Acreage Info.		
Cultivated Acres	0.00	
Uncultivated Acres	0.00	

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Wednesday, November 11, 2020 [Contact Webmaster](#) [Phone Numbers](#) [Map to our Office](#)  
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