

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)
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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)

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

Bldg. Name: Residential House

Address: 1030 GLEN ERIN ST

City: Jackson

State: MS

Zip: 39212

Site Location: Same as above

Tel:

Building Size: 1,056

of Floors: 1

Age in Years: 61

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: SOCRATES GARRETT ENTERPRISES, INC.

Address: 2659 Livingston Rd

City: Jackson

State: MS

Zip: 39213

Contact: Joseph Antocine

Tel: 601-212-9555

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):

SAMANTHA GRAVES- JUNE 19, 2020 EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY

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

Surface Area: Transit Sideing

Vol RACM Off Facility Component

Ln Ft:

Ln M:

Sq Ft: 1600

Sq M:

Cu Ft:

Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/21/2020 Complete: 12/21/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/16/2020 Complete: 12/16/2020

RECEIVED

NOV 19 REC'D

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

Abatement and Demolition

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

Keep Material Wet

XII. WASTE TRANSPORTER #1

Name: same as Removal Contractor

Address:

City: State: Zip:

Contact Person: Tel:

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: ROBERT BRUNSON Title: Code Enforcement Supervisor

Authority: CITY OF JACKSON

Date of Order (MM/DD/YY): 9/29/2020 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:

STOP and Notify O&A

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.

Joseph Antoine Joseph Antoine 11/19/2020
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine Joseph Antoine 11/19/2020
Type or Print Name (Signature of Owner/Operator) (Date)