

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 **103 GAYLYN AVE**

City: **Jackson**

State: **MS**

Zip: **39209**

Site Location: **Same as above**

Tel:

Building Size **1,925**

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: **MCELROY MILTON**

Address: **180 NEWBURY ST APT 2402**

City: **DANVERS**

State: **MA**

Zip: **01923**

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 Antone**

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):

CHRIS GRAY - JANUARY 7, 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

Ln Ft:

Ln M:

Surface Area **Transite Siding**

Sq Ft: **1600**

Sq M:

Vol RACM Off Facility Component

Cu Ft:

Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **12/8/2020** Complete: **12/8/2020**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **12/9/2020** Complete: **12/9/2020**

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

stop work and notify Dea

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

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

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