

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) **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: **2215 DECATUR ST**

| | | |
|----------------------|------------------|-------------------|
| City: Jackson | State: MS | Zip: 39213 |
|----------------------|------------------|-------------------|

| | |
|-------------------------------------|------|
| Site Location: Same as above | Tel: |
|-------------------------------------|------|

| | | |
|-----------------------------|-----------------------|-------------------------|
| Building Size: 1,628 | # of Floors: 1 | Age in Years: 65 |
|-----------------------------|-----------------------|-------------------------|

| | |
|----------------------------|-------------------------------|
| Present Use: Vacant | Prior Use: Residential |
|----------------------------|-------------------------------|

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

OWNER NAME: **OQUINN BETTYE J**

Address: **1060 PECAN BLVD**

| | | |
|----------------------|------------------|-------------------|
| City: JACKSON | State: MS | Zip: 39209 |
|----------------------|------------------|-------------------|

| | |
|---------------------------------|--------------------------|
| 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 Antoine | 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 - MARCH 22, 2018 EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY

| 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 | |
| 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed | | | | Ln Ft: | Ln M: |
| | | | ✓ | Sq Ft: 150 | Sq M: |
| | | | | Cu Ft: | Cu M: |

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **12/3/2020** Complete: **12/3/2020**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **12/4/2020** Complete: **12/4/2020**

RECEIVED

NOV 13 2020

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 (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)