

# 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) <input type="radio"/>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>RENOVATION</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>ASHTON GARDENS NURSING HOME</b>					
Address: <b>3454 ALBERMARLE ROAD</b>					
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39213</b>			
Site Location:			Tel:		
Building Size: <b>34,362 SF</b>	# of Floors: <b>3</b>	Age in Years: <b>50+</b>			
Present Use: <b>ABANDONED</b>	Prior Use: <b>NURSING HOME</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>KELLY HOLDING LLC</b>					
Address: <b>125 FOUNTAINS BLVD</b>					
City: <b>MADISON</b>	State: <b>MS</b>	Zip: <b>39211-6344</b>			
Contact:			Tel:		
REMOVAL CONTRACTOR: <b>ANDERSON ENVIRONMENTAL SERVICES</b>					
Address: <b>870 FOLEY STREET</b>					
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39202</b>			
Contact: <b>DARYL ANDERSON</b>			Tel: <b>601-940-4644</b>		
OTHER OPERATOR: <b>UNICORP</b>					
Address: <b>124 MADISON PLACE SUITE 1500</b>					
City: <b>MADISON</b>	State: <b>MS</b>	Zip: <b>39211</b>			
Contact:			Tel:		
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>PLM</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	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area <b>vct floor tile and transite</b>	<b>34,362 SF</b>			Sq Ft: <b>X</b>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>12/17/2020</b> Complete: <b>12/17/2021</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>12/17/2020</b> Complete: <b>12/17/2021</b>					

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Dept. of Environmental Quality

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

**RENOVATION OF NURSING HOME**

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

AREA TO BE PLACED IN CONTAINMENT UNDER NEGATIVE PRESSURE AND REMOVED USING THE WET METHOD

XII. WASTE TRANSPORTER #1

Name: **AMERICAN RECOVERY**

Address: **350 S INDUSTRIAL PARKWAY**

City: **YAZOO CITY**

State: **MS**

Zip: **39194**

Contact Person: **CHAD THOMPSON**

Tel: **662-243-1162**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **REPUBLIC SERVICES LITTLE DIXIE LANDFILL**

Address: **1716 N COUNTYLINE ROAD**

City: **RIDGELAND**

State: **MS**

Zip: **39157**

Tel: **601-982-9488**

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:

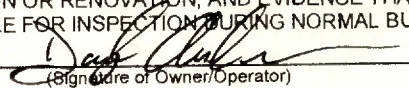
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

**HALT ALL WORK AND NOTIFY THE PROPER AUTHORITIES**

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.

**DARYL ANDERSON**

Type or Print Name

  
(Signature of Owner/Operator)

**12/3/2020**

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

**DARYL ANDERSON**

Type or Print Name

  
(Signature of Owner/Operator)

**12/3/2020**

(Date)