

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FOR

Mail notification to:

MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project # _____ Postmark _____
 I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Date Received (MDEQ use only) _____ Notification # (MDEQ use only) _____

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: 209 ARBOR HILLS DR
 City: Jackson

Site Location: Same as above State: MS Zip: 39204
 Building Size: 816 Tel: _____

Present Use: Vacant # of Floors: 1 Age in Years: 71
 Prior Use: Residential

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

OWNER NAME: THACH DAVIS
 Address: 86 GARDNER ST
 City: WORCHESTER

Contact: CITY OF JACKSON State: MA Zip: 01610
 Tel: 601-960-1054

REMOVAL CONTRACTOR: Bestway Abatement
 Address: P.O. Box 88
 City: Edwards

Contact: Aaron Lee State: MS Zip: 39066
 Tel: 601-383-3237

OTHER OPERATOR: R+C Services, LLC
 Address: P.O. Box 7038
 City: Jackson

Contact: Cynthia Granderson State: MS Zip: 39282

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 GARVES - 3/20/2020/ EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:

Types	Regulated ACM to be Removed Category I ACM Not Removed 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	UNIT
Surface Area					Ln Ft:	Ln M:
RACM Off Facility Component		exterior siding			Sq Ft: 816	Sq M:
SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/28/2020					Cu Ft:	Cu M:
SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/14/2021					Complete: 12/28/2020	Complete: 1/14/2021

DEC 01 REC'D

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

Clear sight with heavy equipment

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

Wet Method

XII. WASTE TRANSPORTER #1

Name: Bestway Abatement

Address: 222 Vicksburg St.

City: Edwards

State: MS

Zip: 39066

Contact Person: Aaron Lee

Tel: (601) 383-3237

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N County Line Rd.

City: Ridgeland

State: MS

Zip: 39157

Tel: (601) 982-9488

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): 9/15/2020

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop and call DEG

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.

Aaron Lee
Type or Print Name

Aaron Lee
(Signature of Owner/Operator)

12/4/2020
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee
Type or Print Name

Aaron Lee
(Signature of Owner/Operator)

12/4/2020
(Date)