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) D

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

Bldg. Name: Residential House

Address 2358 PADEN ST

City: Jackson	State: MS	Zip: 39204
Site Location: Same as above		Tel:
Building Size 1,067	# of Floors: 1	Age in Years: 66
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: Bestway Abatement

Address: P.O. Box 88

City: Edwards	State: MS	Zip: 39066
Contact: Aaron Lee		Tel: (601) 383-3237

OTHER OPERATOR: R+C Services, LLC

Address: P.O. Box 7038

City: Jackson	State: MS	Zip: 39282
Contact: Cynthia Granderson		

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 - 3/18/2020/ 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				LnFt:	Ln M:
Surface Area	exterior siding			SqFt: 1,067	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/21/2020 Complete: 12/24/2020

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/8/2021 Complete: 1/10/2021

RECEIVED DEC 10 REC'D Dept. of Environmental Quality

RECEIVED DEC 04 REC'D Dept. of Environmental Quality

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop and call DEQ

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)