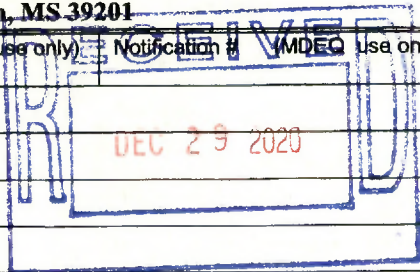


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 <input checked="" type="checkbox"/> =Original R=Revised C=Canceled A= Annual					
II. TYPE OF OPERATION <input checked="" type="checkbox"/> =Demo O= Ordered Demo R=Renovation E=Emer. Renovation					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <u>House</u>					
Address: <u>4204 Larchmont Street</u>					
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39209</u>			
Site Location: <u>Jackson</u>		Tel:			
Building Size: <u>1800</u>	# of Floors: <u>1</u>	Age in Years: <u>40 plus</u>			
Present Use: <u>Vacant</u>	Prior Use: <u>Home</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>Design Build</u>					
Address: <u>209 Main St</u>					
City: <u>Greenwood</u>	State: <u>MS</u>	Zip: <u>662-457-0002</u>			
Contact: <u>Michelle</u>		Tel:			
REMOVAL CONTRACTOR: <u>Solrates Garrett Enterprises</u>					
Address: <u>2659 Livingston Rd</u>					
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39213</u>			
Contact: <u>Joseph Antoine</u>		Tel: <u>601-212-9555</u>			
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>PLM Carter Rutledge August 9 2020</u>					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed Category I Category II		UNIT	
				Ln Ft:	Ln M:
Pipes				Sq Ft: <u>1800</u>	Sq M:
Surface Area: <u>siding/floortels</u>			✓	Cu Ft:	Cu M:
Vol RACM Off Facility Component					
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>1/21/21</u>				Complete: <u>1/21/21</u>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>1/22/21</u>				Complete: <u>2/20/21</u>	

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:

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

stop and notify DERA

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 Joseph Antoine

Type or Print Name

(Signature of Owner/Operator)

12/29/20

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine Joseph Antoine

Type or Print Name

(Signature of Owner/Operator)

12/28/20

(Date)