

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)
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Type of Notification (O=Original R=Revised C=Canceled A= Annual)
 TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)

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

ldg. Name: House
 Address: 144 Louisiana Ave
 City: Jackson State: MS Zip: 39209
 Site Location: Jackson Tel:
 Building Size: 1800 # of Floors: 1 Age in Years: 40 plus
 Present Use: Vacant Prior Use: Home

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

OWNER NAME: Voice of Calvary
 Address: 531 W Capitol St
 City: Jackson State: MS Zip: 39203
 Contact: Michael Cohen Tel: 601-969-3088
 REMOVAL CONTRACTOR: Socrates Garrett Enterprises
 Address: 2659 Livingston Rd
 City: Jackson State: MS Zip: 39213
 Contact: Joseph Antoine Tel: 601-212-9555

OTHER OPERATOR:

Address:
 City: State: Zip:
 Contact:

III. IS ASBESTOS PRESENT? Yes No

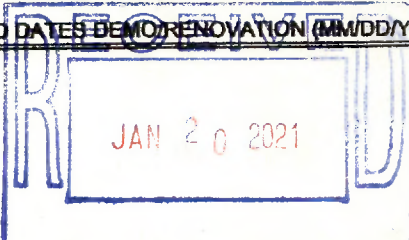
IV. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL

Include inspector name and date of inspection):
PLM Carter D. Rutledge July 1 2020

II. 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				Ln Ft:	Ln M:
2. Category I ACM Not Removed				Sq Ft: <u>1800</u>	Sq M:
3. Category II ACM Not Removed			<input checked="" type="checkbox"/>	Cu Ft:	Cu M:
Pipes					
Surface Area <u>Transit Siding</u>					
Vol RACM Off Facility Component					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/3/2021 **Complete:** 2/20/2021

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/20/2021 **Complete:** 3/20/2021



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

Abatement + Demo

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 Demo contractor

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 North County Line Road

City: Ridge Land

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

stop work notify 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.

Joseph Antoine Joseph Antoine

Type or Print Name

(Signature of Owner/Operator)

1/20/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine Joseph Antoine

Type or Print Name

(Signature of Owner/Operator)

1/20/2021

(Date)