

# 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 <input type="checkbox"/> Revised <input type="checkbox"/> Canceled <input type="checkbox"/> Annual					
II. TYPE OF OPERATION <input checked="" type="checkbox"/> Demo <input type="checkbox"/> Ordered Demo <input type="checkbox"/> Renovation <input type="checkbox"/> Emer. Renovation					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <u>House</u>					
Address: <u>1253 Gentry St.</u>					
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39213</u>			
Site Location: <u>Jackson</u>			Tel:		
Building Size: <u>1800</u>	# of Floors: <u>1</u>	Age in Years: <u>40 years</u>			
Present Use: <u>Vacant</u>	Prior Use: <u>Home</u>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <u>Habitat For Humanity</u>					
Address:					
City:	State:	Zip:			
Contact:			Tel:		
REMOVAL CONTRACTOR: <u>Socrates 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:			Tel:		
V. IS ASBESTOS PRESENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Cris Pearson 12/16/2020</u>					
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 <u>Transit/Flue pipe</u>			<input checked="" type="checkbox"/>	Sq Ft: <u>1600</u>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>2/4/2021</u> Complete: <u>2/4/2021</u>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>2/4/2021</u> Complete: <u>3/4/2021</u>					

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Dept. of Environmental Quality

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 Countyline 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: 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 D E A

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 1/21/2021

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine Joseph Antoine 1/21/2021

Type or Print Name

(Signature of Owner/Operator)

(Date)