

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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I. Type of Notification (D-Original R-Revised C-Canceled A-Annual)

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: House

Address: 1503 N. Lamar St

City: Jackson State: MS Zip: 39202

Site Location: Jackson Tel:

Building Size: 1800 SF # of Floors: 1 Age in Years: 40 plus

Present Use: Vacant Prior Use: Home

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

OWNER NAME: Medtown Partners

Address: 329 Adelle St

City: Jackson State: MS Zip: 39202

Contact: _____ Tel: _____

REMOVAL CONTRACTOR: Socrates Garrett Enterprises

Address: 2659 Livingston Rd

City: Jackson State: MS Zip: 39212

Contact: Joseph Antoine Tel: 601-212-9555

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):

Cris Pearson PLM 12/28/2020

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfibrous Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed				LtFt	Ln Ft
2. Category I ACM Not Removed				SqFt	Sq Mt
3. Category II ACM Not Removed				CuFt	Cu Mt
Pipes					
Surface Area <u>Joint Compound</u>			<u>✓</u>	<u>600</u>	<u>Sq Ft</u>
Vol RACM Off Facility Component					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/20/2021 Complete: 3/24/2021

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/24/2021 Complete: 4/24/2021

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:

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 Land Fill

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 (MMDDYY): Date Ordered to Begin (MMDDYY):

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MMDDYY):

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

stop work, notify DEO

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

3/8/2021

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine Joseph Antoine

3/8/2021