

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 (D-Original R-Revised C-Canceled A-Annual)
II. TYPE OF OPERATION (D-Demo O-Ordinal Demo R-Renovation E-Emer. Renovation)
III. FACILITY DESCRIPTION (include building name, number and floor or room number)

Bldg. Name: House
 Address: 125 Noel St
 City: Jackson State: MS Zip: 39202
 Site Location: Jackson Tel: _____
 Building Size: 1600 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: Midtown 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	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 ft.
2. Category I ACM Not Removed				Sq Ft	Sq ft.
3. Category II ACM Not Removed				Cu Ft	Cu ft.
Notes					
Surface Area: <u>siding / Flooring</u>			<u>✓</u>	<u>1300</u>	<u>Sq ft.</u>
Vol RACM Off Facility Component					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/21/2021 **Complete:** 3/22/2021

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/22/2021 **Complete:** 4/22/2021

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 Landfill

Address: 1716 North 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: Title:

Agency:

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK NOTIFS DEC

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON SITE 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 Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Joseph Antoine Joseph Antoine 3/8/2021 Type or Print Name (Signature of Owner/Operator) (Date)