

# 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) <b>2.18.2022</b>	Notification # (MDEQ use only)
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>Original</b>			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>Demo</b>			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			
Bldg. Name: <b>Residential</b>			
Address: <b>0 Road of Remembrance (zero)</b>			
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39209</b>	
Site Location: <b>same</b>		Tel:	
Building Size: <b>1100 sq. ft</b>	# of Floors: <b>1</b>	Age in Years: <b>50 plus</b>	
Present Use: <b>Vacant</b>	Prior Use: <b>Residential</b>		
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)			
OWNER NAME: <b>Revitalize MS</b>			
Address: <b>210 E Capitol Street Suite 1215</b>			
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39201</b>	
Contact: <b>Andy Frame</b>		Tel: <b>607500-1508</b>	
REMOVAL CONTRACTOR			
Address: <b>222 Vicksburg Street</b>			
City: <b>Edwards</b>	State: <b>MS</b>	Zip: <b>39064</b>	
Contact: <b>Aaron Wee</b>		Tel: <b>6017383-3237</b>	
OTHER OPERATOR: <b>Perkin Properties LLC</b>			
Address: <b>P.O. Box 1434</b>			
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39215</b>	
Contact: <b>Clifton Scott</b>			
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>Bragin Knox - 2/17/2022 - Polarized Light Microscopy</b>			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		RACM To Be Removed	Indicate Unit of Measurement Below
			Category I
Pipes			Ln Ft:      Ln M:
Surface Area <b>Siding + VAT</b>		<b>4.80</b>	Sq Ft: <b>4.80</b> Sq M:
Vol RACM Off Facility Component			Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3/4/2022</b>		Complete: <b>3/5/2022</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>3/10/2022</b>		Complete: <b>3/12/2022</b>	

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Mississippi Department of Environmental Quality

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

Clear lot for future bike/wet method

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Wet Method

XII. WASTE TRANSPORTER #1

Name: Aaron Lee

Address: 222 Vicksburg St P.O. Box 88

City: Edwards

State: MS

Zip: 39064

Contact Person: Aaron Lee

Tel: 601 383-3237

WASTE TRANSPORTER #2

Name:

Address:

N/A

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N 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:

Authority:

N/A

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 and call 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.

Aaron Lee  
Type or Print Name

*Aaron Lee*  
(Signature of Owner/Operator)

2/18/2022  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee  
Type or Print Name

*Aaron Lee*  
(Signature of Owner/Operator)

2/18/2022  
(Date)