

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) 2-18-2022	Notification # (MDEQ use only)						
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original									
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo									
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)									
Bldg. Name: Residential									
Address: 230 S Alabama									
City: Jackson	State: MS	Zip: 39209							
Site Location: same		Tel:							
Building Size: 1,000 sq ft	# of Floors: 1	Age in Years: 50 plus							
Present Use: Vacant	Prior Use: Residential								
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)									
OWNER NAME: Revitalize MS									
Address: 210 E Capitol Street Suite 1215									
City: Jackson	State: MS	Zip: 39201							
Contact: Andy Frame		Tel: 601 500-1508							
REMOVAL CONTRACTOR									
Address: 222 Vicksburg Street / P.O. Box 88									
City: Edwards	State: MS	Zip: 39066							
Contact: Aaron Lee		Tel: 601 383-3237							
OTHER OPERATOR: Perkin Properties LLC									
Address: P.O. Box 1434									
City: Jackson	State: MS	Zip: 39215							
Contact: Clifton Scott									
V. IS ASBESTOS PRESENT? (Yes/No) Yes									
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Cragin Knox - 2/17/2022 - Polarized Light Microscopy									
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable * Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below					
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">RACM To Be Removed</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Category I</td> <td style="text-align: center;">Category II</td> </tr> </table>		RACM To Be Removed		Category I	Category II	UNIT	
RACM To Be Removed									
Category I	Category II								
Pipes				Ln Ft:	Ln M:				
Surface Area floor tile, siding		850		Sq Ft: 850	Sq M:				
Vol RACM Off Facility Component				Cu Ft:	Cu M:				
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/17/2022				Complete: 3/17/2022					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/17/2022				Complete: 3/19/2022					

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

Clear lot for future bldg / 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 Street / P.O. Box 88

City: Edwards

State: MS

Zip: 39066

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:

Date of Order (MM/DD/YY):

N/A

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 DEG

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)