

# 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>425 Holden Street</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39209</b>		
Site Location: <b>same</b>		Tel:		
Building Size	# 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>Bevitalize 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>6017500-1508</b>		
REMOVAL CONTRACTOR				
Address: <b>322 Vicksburg Street / P.O. Box 88</b>				
City: <b>Edwards</b>	State: <b>MS</b>	Zip: <b>39066</b>		
Contact: <b>Aaron Lee</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>Cragin Knox - 2/17/2022 Polarized Light Microscopy</b>				
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	
Pipes				Ln Ft:      Ln M:
Surface Area <b>joint vinyl compound siding</b>	<b>925</b>			Sq Ft: <b>925</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3/9/2022</b> Complete: <b>3/9/2022</b>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>3/24/2022</b> Complete: <b>3/26/2022</b>				

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: 322 Vicksburg Street / P.O. Box 88		
City: Edwards	State: MS	Zip: 39066
Contact Person: Aaron Lee	Tel: 601 383-8237	

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):	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 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	<i>Aaron Lee</i>	2/18/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee	<i>Aaron Lee</i>	2/18/2022
Type or Print Name	(Signature of Owner/Operator)	(Date)