

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: 225 Louisiana Avenue								
City: Jackson	State: MS	Zip: 39209	Tel:					
Site Location: same			Tel:					
Building Size	# 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	Tel:					
Contact: Andy Frame	Tel: 6017500-1580							
REMOVAL CONTRACTOR								
Address: 222 Vicksburg Street / P.O. Box 88								
City: Edwards	State: MS	Zip: 39066	Tel:					
Contact: Aaron Lee	Tel: 601383-3237							
OTHER OPERATOR: Perkin Properties LLC								
Address: P.O. Box 1434								
City: Jackson	State: MS	Zip: 39215	Tel:					
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 - 2/7/2022 - 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> <th style="width: 50%;">Category I</th> <th style="width: 50%;">Category II</th> </tr> <tr> <td> </td> <td> </td> </tr> </table>		Category I	Category II			UNIT
				Category I	Category II			
RACM To Be Removed								
Pipes			Ln Ft:	Ln M:				
Surface Area Siding	750		Sq Ft: 750	Sq M:				
Vol RACM Off Facility Component			Cu Ft:	Cu M:				
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/10/2022		Complete: 3/10/2022						
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/28/2022		Complete: 3/30/2022						

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

Clear lot for future bile/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: 39064

Contact Person: Aaron Lee

Tel: 6017383-3237

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: 601982-9488

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 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)