

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: 315 Tennessee Street			
City: Jackson	State: MS	Zip: 39209	
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 Capital Street Suite 1215			
City: Jackson	State: MS	Zip: 39201	
Contact: Andy Frame		Tel: 601 500-1580	
REMOVAL CONTRACTOR			
Address: 232 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): Craig Knox - 2/7/2022 - Polarized Light Microscopy			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below	
		Category I	Category II
Pipes		Ln Ft:	Ln M:
Surface Area Siding, 9x9 floor tile		Sq Ft: 950	Sq M:
Vol RACM Off Facility Component		Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/11/2022		Complete: 3/11/2022	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/31/2022		Complete: 4/21/2022	

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: 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 CRUMBLLED, 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)