

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: 3.25.22	AI Number
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 Home</b>				
Address: <b>225 O'Ferrell Avenue</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39209</b>	
Site Location: <b>same as above</b>			Tel:	
Building Size: <b>1,000 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, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Revitalize MS</b>				
Address: <b>210 East Capitol Street Suite 1215</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39201</b>	
Contact: <b>Andy Frame</b>			Tel: <b>601 500-1508</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Aaron Lee</b>				
Address: <b>222 Vicksburg Street / P.O. Box 88</b>				
City: <b>Edwards</b>		State: <b>MS</b>	Zip: <b>39064</b>	
Contact: <b>Aaron Lee</b>			Tel: <b>601 383-3237</b>	
Certification Number: <b>ABW-00005992 / ABC-00007994</b>		Expiration Date: <b>10/29/2022</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>			Tel: <b>601 529-3237</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>3/1/2022</b>	
Inspector: <b>Chris Pearson</b>		Certification Number: <b>ABI-00002023</b>	Expiration Date: <b>11/6/2023</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Siding - Polarized Light Microscopy</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>Siding 1,000 sq. ft.</b>				
Pipes (LN FT):		Surface Area (SQ FT): <b>1,000</b>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>4/15/2022</b>			Complete: <b>4/15/2022</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>4/27/2022</b>			Complete: <b>4/27/2022</b>	

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

Remove dilapidated house from lot

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

Wet Method

XIII. WASTE TRANSPORTER #1

Name: Aaron Lee

Address: 222 Vicksburg Street

City: Edwards

State: MS

Zip: 39066

Contact Person: Aaron Lee

Tel: 601 383-3237

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N County Line Rd.

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel: 601 982-9488

XV. 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):

XVI. 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:

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop and call DEQ

XVIII. 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)

3/25/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee

Type or Print Name

*Aaron Lee*

(Signature of Owner/Operator)

3/25/2022

(Date)