

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

REV #1

Operator Project #		Postmark		Date Received (MDEQ use only) 4.18.2022		Notification # (MDEQ use only)	
I. Type of Notification (O= Original R=Revised C=Canceled A= Annual) <input checked="" type="radio"/> R							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D E Demo							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: Jackson Enterprise Center							
Address: 931 US Highway 80							
City: Jackson			State: MS		Zip: 39204		
Site Location:							
Building Size: N/A			# of Floors: 2 stories		Age in Years: 82		
Present Use: Vacant			Prior Use: Vacant				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: MS-C2 Mississippi Project, LLC							
Address: 40151 River Winds CT							
City: Gonzales			State: LA		Zip: 70817		
Contact: Rudrick Aguilard			Tel: Rda31st@gmail.com				
REMOVAL CONTRACTOR: Forrest Construction LLC							
Address: 591 Raymond Rd							
City: Jackson			State: MS		Zip: 39204		
Contact: Darius or Richard Forrest			Tel: 601 720-7281				
OTHER OPERATOR:							
Address: P.S.S							
City: 1219 Purpera Ave, Gonzales			State: LA		Zip: 70787 70707		
Contact: 225-270-7684							
V. IS ASBESTOS PRESENT? <input checked="" type="radio"/> Yes <input type="radio"/> No							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Chris Pearson, Pearson Environments, 4/14/22							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed				RACM To Be Removed		UNIT	
				Category I Category II			
Pipes				Fluor filled streetcar		Ln Ft: 25,000	
Surface Area						Sq Ft: 10,000	
Vol RACM Off Facility Component				Cu Ft:		Cu M:	
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/28/22				Complete: 8/28/22			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/28/22				Complete: 8/28/22			

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APR 18 2022
APR 16 2022

DEPT. OF ENVIRONMENTAL QUALITY
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As soon as possible.
If E demo approve.

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

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: poly doors and windows, Build containment

XII. WASTE TRANSPORTER #1

Name: Furrot Construction LLC
Address: 541 Raymond rd
City: Jackson State: Ms Zip: 39204
Contact Person: Darius or Richard Furrot Tel: 601 720-7281

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Republic Services Little Rock Landfill
Address: 1716 N County Line Rd
City: Bridgeland State: MS Zip: 39157
Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: ~~MSHA~~ Paperwork Title:
Authority: will be sent in
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: Call MDECA
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:
Wet method, call MDECA

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.

Darius Furrot (Type or Print Name) [Signature] (Signature of Owner/Operator) 4/8/14/22 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darius Furrot (Type or Print Name) [Signature] (Signature of Owner/Operator) 4/8/14/22 (Date)