

# 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 checked="" type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received <b>5/3/22</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>R</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <b>City of Meridian</b>				
Address: <b>1921 29th ave</b>				
City: <b>Meridian</b>		State: <b>Ms</b>	Zip: <b>39301</b>	
Site Location: <b>city of meridian</b>				Tel:
Building Size: <b>n/a</b>		# of Floors: <b>n/a</b>	Age in Years: <b>n/a</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>City of meridian</b>				
Address:				
City:		State:	Zip:	
Contact:				Tel:
ASBESTOS REMOVAL CONTRACTOR: <b>Forrest Construction LLC/ Darius Forrest</b>				
Address: <b>591 raymond rd</b>				
City: <b>Jackson</b>		State: <b>Ms</b>	Zip: <b>39204</b>	
Contact: <b>Richard or Darius Forrest</b>				Tel: <b>6017207281</b>
Certification Number: <b>ABC-00008477</b>			Expiration Date: <b>7/4/22</b>	
OTHER OPERATOR: <b>Construction Plus, LLC</b>				
Address: <b>2326 Front Street Po Box 4344</b>				
City: <b>Meridian</b>		State: <b>Ms</b>	Zip: <b>39304</b>	
Contact: <b>lmconstructionplus@att.net</b>				Tel:
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>			Inspection Date:	
Inspector: <b>Paul anderson environmental</b>		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Lab tests.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): <b>siding/floor tile 1300</b>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II: <input checked="" type="checkbox"/>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/10/22</b>			Complete: <b>7/10/22</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>5/12/22</b>			Complete: <b>7/10/22</b>	

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

XII. 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

XIII. WASTE TRANSPORTER #1

Name: Forrest Construction LLC

Address: 591 raymond

City: Jackson State: Ms Zip: 39204

Contact Person: richard or darius forrest Tel: 7692168741

WASTE TRANSPORTER #2

Name: Construction Plus, LLC

Address: 2326 front street po box 4344

City: Meridian State: MS Zip: 39204

Contact Person: lmconstructionplus@att.net Tel:

XIV. WASTE DISPOSAL SITE

Name: Clearview Landfill

Address: 2253 Mudline Road

City: Lake State: MS Zip: 39092

Contact Person: Tel:

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

Name: n/a 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:

call mdeq

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:  
n/a

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:  
wet method, call MDEQ

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.

Darius Forrest (Signature of Owner/Operator) 4/26/22 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:  
Darius Forrest (Signature of Owner/Operator) 4/26/22 (Date)