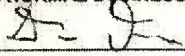
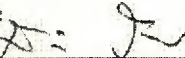


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: <input checked="" type="checkbox"/> Email <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>2022 48th ave</b>				
City: <b>Meridian</b>		State: <b>Ms</b>	Zip: <b>39307</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: <b>Lab tests.</b>				
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:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>5/10/22</b>			Complete: <b>7/10/22</b>	
X. SCHEDULED DATE'S DEMO/RENOVATION (MM/DD/YY) Start: <b>5/12/22</b>			Complete: <b>7/10/22</b>	



<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b> wet method		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b> poly doors, and windows. Build containment		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Forrest Construction LLC		
Address: 591 raymond		
City: Jackson	State: Ms	Zip: 39204
Contact Person: richard or darius forrest	Tel: 7692168741	
<b>WASTE TRANSPORTER #2</b>		
Name: Construction Plus, LLC		
Address: 2326 front street po box 4344		
City: Meridian	State: MS	Zip: 39204
Contact Person: lmco rstructionplus@att.net	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Clearview Landfill		
Address: 2253 Mudline Road		
City: Lake	State: MS	Zip: 39092
Contact Person:	Tel:	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: n/a	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER:</b> wet method, call MDEQ		
<b>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.</b>		
Darius Forrest		4/26/22
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Darius Forrest		4/26/22
Type or Print Name	(Signature of Owner/Operator)	(Date)