

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 6/15/2022	Date Received (MDEQ use only) 6/17/2022	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) Apartments					
Bldg. Name: Forest Park Apartments					
Address: 1651 Forest Dr.					
City: Jackson	State: MS	Zip: 39203	Tel:		
Site Location:					
Building Size: 72,000sf +/- (Apartments)	# of Floors: 2	Age in Years: 40+/-			
Present Use: Apartments	Prior Use: same				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Hughes Spellings Dev.					
Address: 214 Key Drive, Ste. 1000					
City: Madison	State: MS	Zip: 39110	Tel:		
Contact: Jody Foster	Tel: 601 334-1252				
REMOVAL CONTRACTOR EMP					
Address: PO BOX 9361					
City: Jackson	State: MS	Zip: 39286-9361	Tel:		
Contact: Alfred Martin	Tel: 601 573-1585				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
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): Willie Nester January, 2021					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area 120 units		FT/Mastic		Sq Ft: 72,000sf	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: July 5, 2022 Complete: June 30, 2023					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: July 5, 2022 Complete: June 30, 2023					

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JUN 17 2022
 Dept. of Environmental Quality

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

Wet removal

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

XII. WASTE TRANSPORTER #1 ADS

Name: ADS

Address: Springridge Rd.

City: Clinton

State: MS

Zip:

Contact Person:

Tel: 601925-0507

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE Little Dixie

Name: Republic

Address: West 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):

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:

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.

Alfred Martin, Jr., Ph.D.

Type or Print Name

(Signature of Owner/Operator)

6/13/22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Alfred Martin, Jr., Ph.D.

Type or Print Name

(Signature of Owner/Operator)

6/13/22

(Date)