

Rev 11

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 6/23/2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
II. TYPE OF OPERATION (D=Demo Q= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Meridian Grow Facility				
Address: 49th ave s 202				
City: Meridian		State: Ms	Zip: 39307	
Site Location:				
Building Size: n/a		# of Floors:	Age in Years:	
Present Use: vacant		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: city of meridian				
Address:				
City: meridian		State: MS	Zip: 39307	
Contact:				
Tel:				
ASBESTOS REMOVAL CONTRACTOR: Forrest Construction LLC/ Darius Forrest				
Address: 591 raymcnd rd				
City: Jackson		State: MS	Zip: 39204	
Contact: Richard Forrest/Darius Forrest				
Tel: 6017207281 or 6017205684				
Certification Number: ABC-00008477			Expiration Date: 7/4/22	
OTHER OPERATOR: Radermccary, INC				
Address: 2729 3rd Ave South				
City: Birmingham, AL		State: AL	Zip: 35233	
Contact: jmccary@radermccary.com				
Tel: 334-449-5054				
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 6/20/22	
Inspector: chris pearson		Certification Number: ABM-0005298		
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):	9500 sq ft floor & mastic		
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: 6/30/22			Complete: 7/30/22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/30/22			Complete: 9/30/22	

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, door & windows, build an containment

XIII. WASTE TRANSPORTER #1

Name: Forrest Construction LLC

Address: 591 raymond rd

City: Jackson

State: MS

Zip: 39204

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: clearview landfill

Address: 2253 mudline rd

City: Jackson Lake

State: MS

Zip: ~~39204~~ 39092

Tel: 601 536-3240

Contact Person:

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

Name: N/a

Title:

Agency:

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:

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

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

Type or Print Name

(Signature of Owner/Operator)

6/16/22 6/23/22
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darius Forrest

Type or Print Name

(Signature of Owner/Operator)

5/16/22 6/23/22
(Date)