

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 type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 6/27/2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Demo				
III. FACILITY DESCRIPTION (include building name, number and floor or room number):				
Bldg. Name: Residential Home				
Address: 204 Road of Remembrance				
City: Jackson		State: MS	Zip: 39209	
Site Location: Same as Above				Tel:
Building Size: 1150 sq ft.		# of Floors: 1	Age in Years: 50 plus	
Present Use: Vacant		Prior Use: Residential		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Revitalize Mississippi				
Address: 210 East Capitol Street Suite 1215				
City: Jackson		State: MS	Zip: 39201	
Contact: Andy Frame		Tel: 601 500-1508		
ASBESTOS REMOVAL CONTRACTOR: Aaron Lee				
Address: 222 Vicksburg Street / PO Box 88				
City: Edwards		State: MS	Zip: 39066	
Contact: Aaron Lee		Tel: 601 383-3237		
Certification Number: ABW00005972 / ABC00002924		Expiration Date: 10/29/2022		
OTHER OPERATOR: Perkin Properties				
Address: P.O. Box 1434				
City: Jackson		State: MS	Zip: 39215	
Contact: Clifton Scott		Tel: 601 529-2022		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 6/3/2022	
Inspector: Chris Pearson		Certification Number: ABC00003023		Expiration Date: 1/6/2023
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Roofing, window glazing, Plaster walls, Ceiling tile, flooring, Grable texture, Brick texture 6001R-93-116				
VII. QUANTITY OF RACM TO BE REMOVED: 250 sq. ft.				
Pipes (LN FT):		Surface Area (SQ FT): 250	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: 7/14/2022 Complete: 7/14/2022				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/4/2022 Complete: 8/6/2022				

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

Remove dilapidated house from are

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

Wet Method

XIII. WASTE TRANSPORTER #1

Name: Bestway Abatement

Address: 222 Vicksburg Street

City: Edwards

State: MS

Zip: 39066

Contact Person: Aaron Lee

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N County Line Rd.

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel: 601 982-9488

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

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

N/A

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:

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop and call DEG

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:

Aaron Lee

Type or Print Name

Aaron Lee

(Signature of Owner/Operator)

6/20/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee

Type or Print Name

Aaron Lee

(Signature of Owner/Operator)

6/27/2022

(Date)