

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: 158 S. Alabama Avenue				
City: Jackson		State: MS	Zip: 39209	Tel:
Site Location: same as Above				Tel:
Building Size: 1100 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 Capital Street Suite 1215				
City: Jackson		State: MS	Zip: 39201	Tel: (601) 500-1508
Contact: Andy Frame				Tel: (601) 500-1508
ASBESTOS REMOVAL CONTRACTOR: Aaron Lee				
Address: 222 Vicksburg Street / P.O. Box 88				
City: Edwards		State: MS	Zip: 39064	Tel: (601) 383-3237
Contact: Aaron Lee				Tel: (601) 383-3237
Certification Number: ABW00005972/ABC00002924		Expiration Date: 10/29/2022		
OTHER OPERATOR: Perkin Properties, LLC				
Address: P.O. Box 1434				
City: Jackson		State: MS	Zip: 39215	Tel: (601) 529-2022
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: AB100002023	Expiration Date: 1/6/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Siding, Plaster Skim Coat, Plaster, floor tile, window Glazing 600/R-93-116				
VII. QUANTITY OF RACM TO BE REMOVED: 1100 sq ft				
Pipes (LN FT):	Surface Area (SQ FT): 1100		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: 7/15/2022			Complete: 7/19/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/18/2022			Complete: 8/18/2022	

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JUN 27 2022

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

Remove dilapidated house from area

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: 322 Vicksburg St.

City: Edwards

State: Ms

Zip: 39066

Contact Person: Aaron Lee

Tel: 601 383-3237

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: 601 983-9488

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

Name:

Title:

Authority: N/A

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:

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

Stop and 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.

Aaron Lee

Type or Print Name

Aaron Lee

(Signature of Owner/Operator)

6/27/2022

(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)