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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 6/28/2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name: Residential House			
Address: 2740 Hillside Dr.			
City: Jackson	State: MS	Zip: 39204	
Site Location: Same as above			Tel:
Building Size: 764	# of Floors: 1	Age in Years: 72	
Present Use: VACANT	Prior Use: SINGLE FAMILY RESIDENTIAL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Southeast Homes LLC			
Address: P O ox 625			
City: Brandon	State: MS	Zip: 39043	
Contact: City of Jackson			Tel: 601-960-1054 or 601-960-2470
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL			
Address: 870 FOLEY STREET			
City: JACKSON	State: MS	Zip: 39202	
Contact: DARYL ANDERSON			Tel: 601-354-4400
Certification Number: ABC-00002173		Expiration Date: 10/22/2022	
OTHER OPERATOR: TRI ARC MANAGEMENT SERVICES			
Address: 381 KINGS RIDGE CIRCLE			
City: BRANDON	State: MS	Zip: 39047	
Contact: STACEY STOWERS			Tel: 214-850-1264
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 9/21/2020	
Inspector: Robert Brunson	Certification Number: ABI-00008315	Expiration Date: 11/17/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EMSL ANALYTICAL, INC.)			
Checked Exterior Siding, Exterior Siding Felt, Checked front living room burned debris, Checked back left room burned debris.			
VII. QUANTITY OF RACM TO BE REMOVED: TRANSITE SIDING			
Pipes (LN FT):	Surface Area (SQ FT): 550	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: 07-07-22		Complete: 07-08-22	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07-11-22		Complete: 07-15-22e	

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

ABATEMENT AND DEMO OF ABANDON HOUSE

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

AREA BARRICADE USING ASBESTOS SIGNS AND DANGER TAPE. REMOVE USING WET METHOD AND ACM BAGS AND POLY

XIII. WASTE TRANSPORTER #1

Name: **ANDERSON ENVIRONMENTAL**

Address: **870 FOLEY STREET**

City: **JACKSON**

State: **MS**

Zip: **39202**

Contact Person: **DARYL ANDERSON**

Tel: **601-354-4400**

WASTE TRANSPORTER #2 SAME

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: **ALLIED WASTE LITTLE DIXIE LANDFILL**

Address: **1718 N COUNTYLINE 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: **Robert Brunson**

Title: **Code Enforcement Officer Supervisor**

Authority: **City of Jackson**

Date of Order (MM/DD/YY): **5/11/2022**

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

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.

STACEY M STOWERS

Type or Print Name



(Signature of Owner/Operator)

06-23-22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

STACEY M STOWERS

Type or Print Name



(Signature of Owner/Operator)

06-23-22

(Date)