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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 type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received <i>12.16.2022</i>	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: Highland Village Holdings				
Address: 1305 & 1306 Kimwood Drive				
City: Jackson		State: MS	Zip: 39211	
Site Location: <i>2 Houses across Old Canton from Mall</i>				Tel:
Building Size: 1500 sf		# of Floors: 1	Age in Years: 50	
Present Use: residential		Prior Use: undecided		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Hilghland Village Holdings c/o WS Asset Management Inc				
Address: 33 Boylston St. Suite 3000				
City: Chestnut Hill		State: MA	Zip: 02467	
Contact:				Tel:
ASBESTOS REMOVAL CONTRACTOR:				
Address:				
City:		State:	Zip:	
Contact:				Tel:
Certification Number:			Expiration Date:	
OTHER OPERATOR: Faircloth Demolition				
Address: P.O. Box 1296				
City: Clinton		State: MS	Zip: 39060	
Contact: Mark Parkman				Tel: 601-573-3762
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): In Process			Inspection Date: 12/9/22	
Inspector: Chuck Womack		Certification Number: ABI-00002432	Expiration Date: 12-1-23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: roofing, sheet rock, sheet rock mud, window caulk, floor covering and adhesive				
Note: Samples are at the lab and the notification will be revised upon conclusion of testing.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):	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: Dec. 30, 2022			Complete: Jan 4, 2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Jan 4, 2023			Complete: Jan 15, 2023	

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

demo with trackhoe

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

wet demo

XIII. WASTE TRANSPORTER #1

Name: American Disposal Service

Address: P.O. Box 1296

City: Clinton

State: MS

Zip: 39060

Contact Person: Mark Parkman

Tel: 601-573-3762

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Faircloth Rubbish Landfill

Address: 1312 Springridge Rd

City: Clinton

State: MS

Zip: 39056

Contact Person: Mark Parkman

Tel: 601-573-3762

XV. 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):

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:

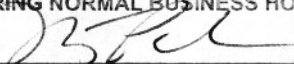
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

stop and call asbestos contractor

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.

Mark Parkman

Type or Print Name


(Signature of Owner/Operator)


12/16/22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

MarkParkman

Type or Print Name


(Signature of Owner/Operator)

12/16/22

(Date)