

MAP

# 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 3-27-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>O</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>R</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>200 No Congress</u>				
Address: <u>200 No Congress</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <del>39236</del> <u>39201</u>	
Site Location: <u>Downtown Jackson</u>			Tel: <u>601 981-4445</u>	
Building Size: <u>30,000sf +/-</u>		# of Floors: <u>4</u>	Age in Years: <u>40+/-</u>	
Present Use: <u>Office</u>		Prior Use: <u>Office</u>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>State Street Group, LLC</u>				
Address: <u>200 No Congress</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39236</u>	
Contact: <u>Caleb Rowe</u>			Tel: <u>601 981-4445</u>	
ASBESTOS REMOVAL CONTRACTOR: <u>EMP</u>				
Address: <u>PO BOX 9361</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39286</u>	
Contact: <u>Alfred Martin, Ph.D.</u>			Tel: <u>601 922-1919</u>	
Certification Number: <u>ABC - 1568</u>			Expiration Date: <u>3/16/2023</u>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>			Inspection Date: <u>3/10/23</u>	
Inspector: <u>Alfred Martin</u>		Certification Number: <u>ABI 1570</u>	Expiration Date: <u>3/11/23</u>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>Floor tile and adhesive - PLM</u>				
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: <u>Appr. 3,300sf FT, Mastic</u>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>4/7/23</u>			Complete: <u>4/15/23</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>4/17/23 est.</u>			Complete: <u>5/30/23 est.</u>	

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
Remove and replace flooring in area. Critical barriers will be set up. Negative pressure used.

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**  
Wet removal of ACM, Proper bagging, Disposal of approved landfill

**XIII. WASTE TRANSPORTER #1 ADS**

Name: ADS

Address: Springridge Road

City: Clinton

State: MS

Zip:

Contact Person: Donna Parkman

Tel: 601 9250507

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE Republic**

Name: Little Dixie

Address: County Line Road

City: Ridgeland

State: MS

Zip:

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):

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:**  
Work halted until clarification

**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.**

Alfred Martin, Ph.D.

Type or Print Name

(Signature of Owner/Operator)

3/24/23

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Alfred Martin, Ph.D.

Type or Print Name

(Signature of Owner/Operator)

3/24/23

(Date)