

Rev  
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 3-15-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original <b>RL</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: AT&T Jackson Capital				
Address: 209 East Capital Street				
City: Jackson		State: MS	Zip: 39201	
Site Location: Basement & AHU Room			Tel: 601-961-0676	
Building Size: 156,839		# of Floors: 10	Age in Years: 50	
Present Use: Central Office		Prior Use: Central Office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: AT&T Jackson Capital				
Address: 209 East Capital Street				
City: Jackson		State: MS	Zip: 39201	
Contact: Laverna James			Tel: 601-961-0676	
ASBESTOS REMOVAL CONTRACTOR: Lakeshore Environmental Contractors				
Address: 5513 Eastcliff Industrial Loop				
City: Birmingham		State: AL	Zip: 35210	
Contact: Aaron Murphree			Tel: 205-288-7049	
Certification Number: 1329T-SC ABC-00001844			Expiration Date: 05/23/2023 <b>4/24/23</b>	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No):			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Assume				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): 682		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: 03/27/2023			Complete: 03/31/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 03/27/2023			Complete: 03/31/2023	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
Regulated Area , Decon, Negative Are, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vaccum, Glovebag.		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Regulated Area, Decon, 6 Mil Poly, Disposal Coveralls, Respirators, HEPA Vaccum, Amended Water Applied During Remvoal.		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Lakeshore Environmental Contractors		
Address: 5513 Eastcliff Industrial Loop		
City: Birmingham	State: AL	Zip: 35210
Contact Person: Aaron Murphree	Tel: 205-288-7049	
<b>WASTE TRANSPORTER #2</b>		
Name: Independent Waste		
Address: 112 24th Street N		
City: Birmingham	State: AL	Zip: 35203
Contact Person: Jack Louis	Tel: 205-902-9804	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Big Sky Environmental		
Address: 5100 Flat Top Road		
City: Adamsville	State: AL	Zip: 35005
Contact Person:	Tel: 35005	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name:	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS:</b>		
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:		
<b>XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:</b>		
Stop Work, Contain Area, Notify Mississippi DEQ & Revise Notification.		
<b>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.</b>		
Aaron Murphree Type or Print Name	<u>Aaron Murphree</u> (Signature of Owner/Operator)	<u>03/13/2023</u> (Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Aaron Murphree Type or Print Name	<u>Aaron Murphree</u> (Signature of Owner/Operator)	<u>03/13/2023</u> (Date)