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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 07-06-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Revised				
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): EATON Aerospace first floor				
Bldg. Name: Front Office Area Offices (Old Supply Chain dept)				
Address: 5353 Highland Drive				
City: Jackson		State: MS	Zip: 39206	
Site Location: 5353 Highland Drive			Tel: 601-981-2811	
Building Size: 270,000 sq ft		# of Floors: 1	Age in Years: 69	
Present Use: Manufacturing		Prior Use: Same since inception		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: EATON Aerospace				
Address: 5353 Highland Drive				
City: Jackson		State: MS	Zip: 39206	
Contact: Tereance Elmore			Tel: 601-987-3239	
ASBESTOS REMOVAL CONTRACTOR: Anderson Environmental				
Address: 783 Harris Street				
City: Jackson		State: MS	Zip: 39202	
Contact: Daryl Anderson			Tel: 601-354-4400	
Certification Number: ABC 00002173			Expiration Date: 10-28-2023	
OTHER OPERATOR: N/A				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 6-2-2023	
Inspector: Paul Anderson		Certification Number: AB1-00001686	Expiration Date: June 24, 2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Asbestos inspection completed on 6-2-2023 by Paul Anderson for the presence of ACM in carpet and mastic. The analytical sampling method (PLM) by Environmental Hazard Services, Inc. determined there was ACM in the black mastic.				
VII. QUANTITY OF RACM TO BE REMOVED: ~700 sq ft				
Pipes (LN FT):		Surface Area (SQ FT): ~700 sq ft	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: ~700 sq ft				
Category I: 0			Category II: 0	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/17/2023			Complete: 7/31/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

<b>XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:</b>		
N/A - ACM removal only		
<b>XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:</b>		
Remove mastic and carpet. The black mastic has non-friable ACM, carpet & yellow does not. ACM removal will be in a containment area under negative pressure. HVAC off and ducts sealed. Material will be wet upon removal.		
<b>XIII. WASTE TRANSPORTER #1</b>		
Name: Anderson Environmental		
Address: 783 Harris Street		
City: Jackson	State: MS	Zip: 39202
Contact Person: Daryl Anderson	Tel: 601-354-4400	
<b>WASTE TRANSPORTER #2 N/A</b>		
Name:		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
<b>XIV. WASTE DISPOSAL SITE</b>		
Name: Little Dixie Landfill (BFI Systems of MS)		
Address: 1716 County Line Rd		
City: Ridgeland	State: MS	Zip: 39157
Contact Person: Crystine Rodgers - Landfill Manager	Tel: 601-982-9488	
<b>XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:</b>		
Name: N/A	Title:	
Authority:		
Date of Order (MM/DD/YY):	Date Ordered to Begin (MM/DD/YY):	
<b>XVI. FOR EMERGENCY RENOVATIONS: N/A</b>		
Date and Hour of Emergency (MM/DD/YY):		
Description of the sudden unexpected event:		
N/A		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
N/A		
<b>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:</b>		
Procedure: 1) Stop work 2) Wet Material 3) Notify the owner and project manager		
<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>		
Tereance Elmore	Tereance Elmore	July 6, 2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
<b>XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:</b>		
Tereance Elmore	Tereance Elmore	July 6, 2023
Type or Print Name	(Signature of Owner/Operator)	(Date)