



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 07-19-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
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: City of Rolling Fork Police Department				
Address: 48 Dr. MLK Boulevard				
City: Rolling Fork,		State: MS	Zip: 39159	
Site Location: 48 Dr. MLK Boulevard			Tel: Out of order	
Building Size: 3,879 sq. ft.		# of Floors: 1	Age in Years: Unknown	
Present Use: Vacant		Prior Use: Police Department		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: City of Rolling Fork				
Address: P. O. Box 310				
City: Rolling Fork		State: MS	Zip: 39159	
Contact: Mayor Eldridge J. Walker			Tel: 662/873-2814	
ASBESTOS REMOVAL CONTRACTOR: Advanced Environmental Consultants, Inc.				
Address: 775 N. President Street				
City: Jackson		State: MS	Zip: 39202	
Contact: Dr. DeJonnelle Grantham King			Tel: 601/362-1788	
Certification Number: ABC-00002431			Expiration Date: 1/3/2024	
OTHER OPERATOR: Dynamic Group				
Address: 3045 West Fork Drive				
City: Baton Rouge		State: LA	Zip: 70816	
Contact: Mr. Chris Whiottington			Tel: 601/498-1866	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 7/6/2023	
Inspector: Kristian King		Certification Number: ABI-00003739	Expiration Date: 7/26/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
PLM Testing- floor tile, mastic, and exterior caulking.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 3,500	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 3,500			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/2/2023			Complete: 8/10/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8/7/2023			Complete: 8/18/2023	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Abatement: On completion of asbestos abatement-, floor tile, mastic, and caulking will be removed using the wet method and HEPA filter equipped vacuum. Demolition-track will be used to demolish building.		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Track hoe will be used to demolish building and transport to landfill.		
XIII. WASTE TRANSPORTER #1		
Name: Advanced Environmental Consultants, Inc.		
Address: 775 N. President Street		
City: Jackson	State: MS	Zip: 39203
Contact Person: Dr. DeJonnette Grantham King		Tel: 601/362-1788
WASTE TRANSPORTER #2		
Name: Dynamic Group		
Address:3045 West Fork Drive		
City: Baton Rouge	State: LA	Zip: 70816
Contact Person: Mr. Chris Whittington		Tel: 601/498-1866
XIV. WASTE DISPOSAL SITE		
Name: BFI Little Dixie Landfill		
Address: 1716 N. County Line Road		
City: Ridgeland	State: MS	Zip: 39157
Contact Person: -		Tel: 800/967-2488
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW: NA		
Name:		Title:
Authority:		
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):
XVI. FOR EMERGENCY RENOVATIONS: NA		
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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
PREVENTIVE MEASURES WILL BE IMPLEMENTED, WORK CEASE, OWNER, AND MDEQ NOTIFIED..		
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.		
DeJonnette Grantham King Type or Print Name	 (Signature of Owner/Operator)	7/19/23 (Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
DeJonnette Grantham King Type or Print Name	 (Signature of Owner/Operator)	7/19/23 (Date)