

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 type="checkbox"/> Hand Delivery	Postmark (mail only)	Date Received	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): Original			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):			
Bldg. Name:			
Address: 109 Broadmoor Street			
City: Jackson	State: MS	Zip:	
Site Location: Same as Above		Tel:	
Building Size: 40x50	# of Floors: 1	Age in Years: 50 plus	
Present Use: Vacant	Prior Use: Office		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Fred Esco			
Address: 554 HWY 16 West			
City: Canton	State: MS	Zip: 39046	
Contact: Ken Stamps	Tel: 762)338 - 1219		
ASBESTOS REMOVAL CONTRACTOR: Bestway Abatement			
Address: 222 Vicksburg Street/P. O. Box 88			
City: Edwards	State: MS	Zip: 39066	
Contact: Aaron Lee	Tel: 601) 383 - 3237		
Certification Number: ABC-00002924	Expiration Date: 10/18/2023		
OTHER OPERATOR: Larry Ellis			
Address: 908 Robinson Springs Rd.			
City: Madison	State: MS	Zip: 39110	
Contact: Larry Ellis	Tel: 601) 209 - 5689		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 6/20/2023	
Inspector: Aaron Lee	Certification Number: ABI-00007853	Expiration Date: 10/17/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
drywall plaster, roofing, floor tile white, wall paper, burnt wall paper EPA 600/R-93/116 Polarized Light			
VII. QUANTITY OF RACM TO BE REMOVED: 450sq. ft.			
Pipes (LN FT):	Surface Area (SQ FT): 450	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: 7/20/2023		Complete: 7/25/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/26/2023		Complete: 8/28/2023	

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

To make parking lot - Track holt

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

Wet Method

XIII. WASTE TRANSPORTER #1

Name: Bestway Abatement

Address: P. O. Box 88

City: Edwards

State: MS

Zip: 39066

Contact Person: Aaron Lee

Tel: (601) 383 - 3237

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N County Line RD.

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel:

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop and call MDEQ

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.

Aaron Lee

Type or Print Name

Aaron Lee
(Signature of Owner/Operator)

7/5/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee

Type or Print Name

Aaron Lee
(Signature of Owner/Operator)

7/5/2023

(Date)