

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery	<b>Postmark (mail only)</b>	<b>Date Received</b> <span style="font-size: 1.2em; color: blue;">07-27-2023</span>	<b>AI Number</b>
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>			
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> R			
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):			
Bldg. Name: Building			
Address: 4853 Main Street E.			
City: Flora	State: MS	Zip: 39071	
Site Location: 4853 Main Street E.		Tel: 601/879-0331	
Building Size: 1,200 square feet	# of Floors: 1	Age in Years: 70	
Present Use: Vacant	Prior Use:		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: Joe Randall, Randall Construction and Roofing			
Address: 190 Third Street			
City: Flora	State: MS	Zip: 39071	
Contact: Joe Randall		Tel: 601/879-0331	
ASBESTOS REMOVAL CONTRACTOR: Advanced Environmental Consultants, Inc.			
Address: 775 N. President Street			
City: Jackson	State: MS	Zip: 39202	
Contact: Dr. DeJonnette Grantham King		Tel: 601/362-1788	
Certification Number: ABC-00002431		Expiration Date: 1/3/24	
OTHER OPERATOR: Unknown to be determined.			
Address:			
City:	State:	Zip:	
Contact:		Tel:	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <input type="radio"/> No			
WAS ASBESTOS PRESENT? (Yes/No): ASSUMED SLATE ROOF IS ACM		Inspection Date: NA	
Inspector: NA	Certification Number: NA	Expiration Date: NA	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>			
Presumed Asbestos containig. Slate roof materials were not sampled. Because it was not sampled, it will be treated as asbestos containing materials.			
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>			
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>			
Category I:		Category II: 1,500 square feet of slate roof	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 8/10/23		Complete: 8/13/23	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start:		Complete:	

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:** Planned removal. The slate roof will be removed intact.

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

Slate roof shingles will be removed intact, adequately wet; wrapped in 6 ml poly, and double bagged prior to transport to landfill.

**XIII. WASTE TRANSPORTER #1**

Name: Advanced Environmental Consultants, Inc.

Address: 775 N. President Street

City: Jackson

State: MS

Zip: 39202

Contact Person: Dr. DeJonnette Grantham King

Tel: 601/362-1788

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: BFI Little Dixie Landfill

Address: 1716 N. County Line Road

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Samantha

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 CRUMBLED, 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

DeJonnette King  
(Signature of Owner/Operator)

7/27/23

(Date)

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

DeJonnette Grantham King

Type or Print Name

DeJonnette King  
(Signature of Owner/Operator)

7/27/23

(Date)