

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 08-14-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input checked="" type="radio"/> O <input checked="" type="radio"/> R				
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: Residential House				
Address: 245 ARCHER AVE				
City: Jackson		State: MS	Zip: 39212	
Site Location: Same as above			Tel:	
Building Size: 1038		# of Floors: 1	Age in Years: 73	
Present Use: VACANT		Prior Use: SINGLE FAMILY RESIDENTIAL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: STATE OF MISSISSIPPI PUBLIC LAND DIVISION				
Address: P.O. BOX 136				
City: Jackson		State: MS	Zip: 39205-0136	
Contact:			Tel: 601-960-1054 or 601-960-2470	
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL				
Address: 870 FOLEY STREET				
City: JACKSON		State: MS	Zip: 39209	
Contact: DARYL ANDERSON			Tel: 601-354-4400	
Certification Number: ABC-00002173			Expiration Date: 10/28/2023	
OTHER OPERATOR: TRI ARC MANAGEMENT SERVICES				
Address: 381 KINGS RIDGE CIRCLE				
City: BRANDON		State: MS	Zip: 39047	
Contact: STACEY STOWERS			Tel: 214-850-1264	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 11/15/2022	
Inspector: SAMANTHA GRAVES		Certification Number: ABI-00009825	Expiration Date: 11/17/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (NVLAP LAB) CHECKED FLOOR TILE (12X20) HOMO TO DINING ROOM (12X12)				
VII. QUANTITY OF RACM TO BE REMOVED: SHEET FLOORING				
Pipes (LN FT):		Surface Area (SQ FT): 384	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: 08-29-23 Complete: 08-29-23				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 08-30-23 Complete: 08-31-23				

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

ABATEMENT AND DEMO OF ABANDON HOUSE

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

AREA BARRICADE USING ASBESTOS SIGNS AND DANGER TAPE. REMOVE USING WET METHOD AND ACM BAGS AND POLY

XIII. WASTE TRANSPORTER #1

Name: **ANDERSON ENVIRONMENTAL**

Address: **870 FOLEY STREET**

City: **JACKSON**

State: **MS**

Zip: **39202**

Contact Person: **DARYL ANDERSON**

Tel: **601-354-4400**

WASTE TRANSPORTER #2 SAME

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: **ALLIED WASTE LITTLE DIXIE LANDFILL**

Address: **1718 N COUNTYLINE RD**

City: **RIDGELAND**

State: **MS**

Zip: **39157**

Contact Person:

Tel: **601-982-9488**

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: **SAMANTHA GRAVES**

Title: **MANAGER**

Authority: **City of Jackson**

Date of Order (MM/DD/YY): **7/31/2023**

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:

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.

STACEY M STOWERS

Type or Print Name



(Signature of Owner/Operator)

08-14-23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

STACEY M STOWERS

Type or Print Name



(Signature of Owner/Operator)

08-14-23

(Date)