

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 02/29/2024	AI Number 85668
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): 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: Briarwood One				
Address: 460 Briarwood Dr				
City: Jackson		State: MS	Zip: 39206	
Site Location: Jackson			Tel:	
Building Size: 93000		# of Floors: 5	Age in Years: 41	
Present Use: none		Prior Use: office bldg		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Mike Kohan				
Address: 1010 Northern Blvd Ste 212				
City: Great Neck		State: NY	Zip: 11021	
Contact: Mike Kohan			Tel: 646 824 8924	
ASBESTOS REMOVAL CONTRACTOR: Darius Forrest				
Address: 1810 Alta Woods Blvd				
City: Jackson		State: MS	Zip: 39204	
Contact: Darius Forrest			Tel: 601-720-7281	
Certification Number: ABC-00008477			Expiration Date: 07/08/24	
OTHER OPERATOR: Lumar Development LLC / Ready One Demolition				
Address: 122 Cypress Ave				
City: Hattiesburg		State: MS	Zip: 39401	
Contact: Roger Thomas			Tel: 601-473-3805	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 12-2-23	
Inspector: Jeffery Evans		Certification Number: ABI-00011729	Expiration Date: 12/14/23	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Floor tile, Floor mastic, Sheet rock, Basement pipe Insulation, Stucco, Sheetrock joint compound, Carpet, Ceiling tile, and Roofing Method use EPA				
VII. QUANTITY OF RACM TO BE REMOVED: 125 Lnft				
Pipes (LN FT): 125		Surface Area (SQ FT): N/A	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: None				
Category I: N/A			Category II: N/A	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/30/23			Complete: 12/30/23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/02/24			Complete: 9-1-24	

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

Excavator

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

Wet method and glove bags

XIII. WASTE TRANSPORTER #1

Name: Ready One Demolition

Address: 110 Leggett Dr

City: Jackson

State: MS

Zip: 39209

Contact Person: Roger Thomas

Tel: 601-473-3805

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: N/A

Tel: 601-982-9488

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

Name: Chole Dotson

Title:

Authority: City of Jackson

Date of Order (MM/DD/YY): 10/31/23

Date Ordered to Begin (MM/DD/YY): 11/01/23

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work and contact a license Abestos contractor

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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Roger Thomas

Type or Print Name

(Signature of Owner/Operator)

(Date)

2-29-24