

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 07-16-2024	AI Number
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residential				
Address: 722 Avalon Road				
City: Jackson		State: MS	Zip: 39206	
Site Location: 722 Avalon Road kitchen area			Tel:	
Building Size: 1,063		# of Floors: 1	Age in Years: Built in 1950	
Present Use: Vacant		Prior Use: Residential		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Habitat for Humanity Mississippi Capital Area				
Address: P. O. Box 55634				
City: Jackson		State: MS	Zip: 39296-5634	
Contact: Bridget Steed			Tel: 601/353-6060	
ASBESTOS REMOVAL CONTRACTOR: Advanced Environmental Consultants, Inc.				
Address: 775 North President Street				
City: Jackson		State: MS	Zip: 39202	
Contact: DeJonnette Grantham King			Tel: 601/362-1788	
Certification Number: ABC-00002431			Expiration Date: 1/29/25	
OTHER OPERATOR: NA				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 8/7/23	
Inspector: Kristian King		Certification Number: ABI00003739	Expiration Date: 7/19/24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Exterior Transite siding, yellow linoleum, and brown linoleum in the kitchen. Asbestos procedures used top detect the presence of asbestos was PLM.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 150	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 150			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/19/24			Complete: 7/26/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Transite siding will be removed by wetting and use of a tool to minimize the disturbance of the siding becoming friable. Poly will be placed around the house to prevent siding falling to the bare ground. The linoleum will be wet with a wetting agent to loosen the glue on the linoleum flooring prior to removal.

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

An instrument will be used to loosen the nails on the Transite siding of the residence. The flooring will be removed by use of a t-bar

XIII. WASTE TRANSPORTER #1

Name: Advanced Environmental Consultants, Inc.

Address: 775 North President Street

City: Jackson

State: MS

Zip: 39202

Contact Person: Dr. DeJonnnette 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 ine Road

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Amy

Tel: 800/067-2488

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Operations will cease, corrective actions implemented, owner, and MDEQ will be 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.

DeJonnnette Grantham King

Type or Print Name

DeJonnnetteGKing
(Signature of Owner/Operator)

7/16/24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DeJonnnette Grantham King

Type or Print Name

DeJonnnetteGKing
(Signature of Owner/Operator)

7/16/24

(Date)