

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O					
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: 315 RAYMOND RD					
City: Jackson	State: MS	Zip: 39204			
Site Location: Same as above			Tel:		
Building Size: 1,297	# of Floors: 1	Age in Years: 41			
Present Use: Vacant	Prior Use: Residential				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: MIRACLE HAIR DESIGN					
Address: 315 RAYMOND RD					
City: JACKSON	State: MS	Zip: 39204			
Contact: CITY OF JACKSON			Tel: 601-960-1054		
REMOVAL CONTRACTOR: XQUISITE LAWNCARE, LLC <i>NO ACM</i>					
Address: 1737 Brecon Dr.					
City: Jackson	State: MS	Zip: 39211			
Contact:			Tel: 601-540-1139		
OTHER OPERATOR: SAME as above					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) NO					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
SAMANTHA GRAVES - 3/12/2020/ EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
NO ACM					
Pipes				Ln Ft:	Ln M:
Surface Area				Sq Ft:	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-01-21 Complete: 3-10-21					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-10-21 Complete: 3-30-21					

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FEB 22 2021

Dept. of Environmental Quality

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

Demolition of abandon property

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

NO ACM

XII. WASTE TRANSPORTER #1

Name: XQUISITE LawnCare

Address: 1737 Brecon Dr

City: Jackson

State: MS

Zip: 39211

Contact Person:

Tel: 601-540-1139

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Jackson City Landfill

Address: 1-55 South Frontage Rd

City: Byram

State: MS

Zip: 39272

Tel: 601-373-5863

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

Name: ROBERT BRUNSON

Title: Code Enforcement Supervisor

Authority: CITY OF JACKSON

Date of Order (MM/DD/YY): 10/27/2020

Date Ordered to Begin (MM/DD/YY):

XV. 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:

XVI. 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:

XVII. 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.

Daryl Anderson
Type or Print Name

Daryl Anderson
(Signature of Owner/Operator)

2-14-21
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson
Type or Print Name

Daryl Anderson
(Signature of Owner/Operator)

2-14-21
(Date)