

# 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) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>Residential House</b>				
Address <b>1108 OAK GLEN</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39202</b>		
Site Location: <b>Same as above</b>			Tel:	
Building Size <b>1,398</b>	# of Floors: <b>1</b>	Age in Years: <b>42</b>		
Present Use: <b>Vacant</b>	Prior Use: <b>Residential</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>HGM HOLDINGS LLC</b>				
Address: <b>575 E LOCUST AVE STE 120</b>				
City: <b>FRESNO</b>	State: <b>CA</b>	Zip: <b>93720</b>		
Contact: <b>CITY OF JACKSON</b>			Tel: <b>601-960-1054</b>	
REMOVAL CONTRACTOR <b>XQUISITE LAWNCARE LLC</b>				
Address: <b>1737 Brecon Dr</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39211</b>		
Contact: <b>Steven Jones</b>			Tel: <b>601-540-1139</b>	
OTHER OPERATOR: <b>SAME</b>				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) <b>NONE</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>WILLIAM LENOARD - AUGUST 30, 2017 EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed  <b>NO ACM</b>	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	UNIT
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: <b>3-01-21</b> Complete: <b>3-10-21</b>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>3-10-21</b> Complete: <b>3-30-21</b>				

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FEB 28 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 CRUMBLER, 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) [Signature] (Signature of Owner/Operator)

2-14-21 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson (Type or Print Name) [Signature] (Signature of Owner/Operator)

2-14-21 (Date)