

# 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 PROPERTY				
Address: 140 Tennessee Ave				
City: JACKSON	State: MS	Zip: 39209		
Site Location: SAME AS ABOVE		Tel: (601)960-1054		
Building Size: 990 SF	# of Floors: 1	Age in Years: 50+		
Present Use: Vacant House	Prior use: RESIDENCE			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: CITY OF JACKSON				
Address: P.O. BOX 200				
City: JACKSON	State: MS	Zip: 39205		
Contact:		Tel: 601-960-1054		
REMOVAL CONTRACTOR Anderson Environmental				
Address: P.O. Box 16891				
City: Jackson	State: MS	Zip: 39236		
Contact: Daryl Anderson		Tel: 601-354-4400		
OTHER OPERATOR: XQUISITE LAWN CARE				
1737 BREAACON DRIVE				
City: JACKSON	State: MS	Zip: 39211		
contact: STEVEN JONES 601-540-1139				
V. IS ASBESTOS PRESENT? (Yes/No) Yes				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): SAMANTHA GRAVES / PLM /04/05/2020				
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	
Pipes				LnFt:      LnM:
Surface Area TRANSITE SIDING	800			SqFt: <b>x</b> SqM:
Vol RACM Off Facility Component				CuFt:      CuM:
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: 3-30-2021				

RECEIVED

FEB 22 RECD

Dept. of Environmental Quality

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

Abatement and renovation 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:

Area barricaded using asbestos sings and danger tap[e, removed using wet methods and ACM bags and poly

XII. WASTE TRANSPORTER #1

Name: XQUISITE LAWN CARE

Address: 1737 BREACON DRIVE

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: Little Dixie Landfill

Address: 1718 N County Line Road

City: Ridgeland

State: MS

Zip: 39157

Tel: (601) 982-9488

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:

Halt all work and notify the proper authority

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

Daryl Anderson

Type or Print Name

*Daryl Anderson*  
(Signature of Owner/Operator)

2-14-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFO

Daryl Anderson

Type or Print Name

*Daryl Anderson*  
(Signature of Owner/Operator)

2-14-21

(Date)