

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <b>4/7/21</b>	Date Received (MDEQ use only) <b>4/7/21 (Hand)</b>	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)				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <b>Residential House</b>				
Address <b>3125 SANTA CLAIR CR</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39212</b>		
Site Location: <b>Same as above</b>			Tel:	
Building Size <b>1,494</b>	# of Floors: <b>1</b>	Age in Years: <b>66</b>		
Present Use: <b>Vacant</b>	Prior Use: <b>Residential</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>REBUILDING JACKSON LLC</b>				
Address: <b>P O BOX 1248</b>				
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39215</b>		
Contact: <b>CITY OF JACKSON</b>			Tel: <b>601-960-1054</b>	
REMOVAL CONTRACTOR <b>Anderson Environmental</b>				
Address: <b>P. O. Box 16891</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39236</b>		
Contact: <b>Daryl Anderson</b>			Tel: <b>601-354-4400</b>	
OTHER OPERATOR: <b>Exquisite Lawncare LLC</b>				
Address: <b>1737 Breacon Drive</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39211</b>		
Contact: <b>Stephen Jones (601)-540-1139</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>SAMANTHA GRAVES - June 26,2020 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	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 <b>Transite siding</b>	<b>1100sf</b>			Sq Ft: <b>X</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>4-22-21</b>		Complete: <b>4-24-21</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>4-25-21</b>		Complete: <b>5-20-21</b>		

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Dept. of Environmental Quality

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

Abatement and Demolition

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 signs and danger tape, removed using wet methods and ACM bags and poly

XII. WASTE TRANSPORTER #1

Name: Anderson Environmental

Address: P.O. Box 16891

City: Jackson

State: MS

Zip: 39236

Contact Person: Daryl Anderson

Tel: 601-354-4400

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 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): 9/24/2020

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 CRUMBLED, 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 BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

Daryl Anderson  
Type or Print Name

*Daryl Anderson*  
(Signature of Owner/Operator)

4-07-21  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson  
Type or Print Name

*Daryl Anderson*  
(Signature of Owner/Operator)

4-07-21  
(Date)