

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 4/7/21	Date Received (MDEQ use only) 4/7/21 (Hand)	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)																
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)																
Bldg. Name: Residential House																
Address: 2876 ARBOR HILLS DR																
City: Jackson	State: MS	Zip: 39212														
Site Location: Same as above			Tel:													
Building Size: 1,088	# of Floors: 1	Age in Years: 71														
Present Use: Vacant	Prior Use: Residential															
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)																
OWNER NAME: REBUILDING JACKSON LLC																
Address: P O BOX 1248																
City: JACKSON	State: MS	Zip: 39215														
Contact: CITY OF JACKSON			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: Site Management Assistance LLC																
Address: P.O. Box 1484																
City: Meridian	State: MS	Zip: 39302														
Contact: Kim Dowels (662)-212-0400																
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 - AUG. 20,2020 EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY																
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below												
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Category I</td> <td style="width: 50%; text-align: center;">Category II</td> </tr> </table>		Category I	Category II	UNIT										
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Vol RACM Off Facility Component		Sq M:														
		Cu Ft:														
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VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4-23-21 Complete: 4-24-21																
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-25-21 Complete: 5-05-21																

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APR 07 REC'D

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

Abatement and Demolition of abandon house

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

Daryl Anderson
(Signature of Owner/Operator)

4-07-21

(Date)

Type or Print Name

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Andersonj

Daryl Andersonj
(Signature of Owner/Operator)

4-07-21

(Date)

Type or Print Name