

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 12/04/2024	AI Number
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Eastgate Apartments				
Address: 503 Sharkey St, Belzoni, MS 39038.				
City: Belzoni		State: MS	Zip: 39038	
Site Location: Apartment Units A-F			Tel: 662-247-1001	
Building Size: Approx. 12,280sf		# of Floors: 2	Age in Years: 45+	
Present Use: Apartment Building		Prior Use: Apartment Building		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Trinity Development				
Address: P.O. Box 12980				
City: Jackson		State: MS	Zip: 39211	
Contact: Mani Hairston Development Director			Tel: 601.630.6776	
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL				
Address: 783 HARRIS STREET				
City: JACKSON		State: MS	Zip: 39202	
Contact: DARYL ANDERSON			Tel: 601-354-4400	
Certification Number: ABC-00002173			Expiration Date: 11-08-25	
OTHER OPERATOR: New Horizon Development				
Address: 149 Concourse Dr, Jackson, MS 39208				
City: Pearl		State: MS	Zip: 39208	
Contact: Nick Provias			Tel: (601) 932-1739	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 11-26-2024	
Inspector: Paul Anderson		Certification Number: .ABI-00001686	Expiration Date: 5-31-25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floors, walls, ceilings, roofs, windows, pipes				
PLM - EHS Laboratories				
VII. QUANTITY OF RACM TO BE REMOVED: 3500sf of floor tile and mastic and 13,000sf drywall				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-17-24			Complete: 2-30-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12-20-25			Complete: 3-30-25	

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

Renovation of Apartment Complex

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

Area contained, placed under negative air, material kept wet and placed in acm bags for disposal

XIII. WASTE TRANSPORTER #1

Name: Anderson Environmental

Address: 783 Harris Street

City: Jackson

State: MS

Zip: 39202

Contact Person:

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE Republic

Name: Little Dixie Landfill

Address: 1716 North County Line Road

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Mike Raley

Tel: (601) 982-9488

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

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

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

XVI. 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:

XVII. 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

XVIII. 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 of Owner/Operator)

12-03-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DARYL ANDERSON

Type or Print Name

(Signature of Owner/Operator)

12-03-24

(Date)