

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 02/05/2025	AI Number 78991
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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 House				
Address: 506 E Hillsdale Dr				
City: Jackson		State: MS	Zip: 39209	
Site Location: Transite Siding			Tel: N/A	
Building Size: 1,329		# of Floors: 1	Age in Years: 64	
Present Use: Residential		Prior Use: Residential		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: ELITE GROUP INTERNATIONAL INC				
Address: P O BOX 15443				
City: Irvine		State: CA	Zip: 92623	
Contact: City of Jackson			Tel: 601960-1054 or 6019601066	
ASBESTOS REMOVAL CONTRACTOR: Forrest Construction LLC				
Address: 591 raymond rd				
City: Jackson		State: MS	Zip: 39204	
Contact: Darius Forrest			Tel: (601) 720-5684	
Certification Number: ABC-00008477			Expiration Date: 8/3/25	
OTHER OPERATOR: Socrates Garrett Enterprises				
Address: 2659 Livingston rd				
City: Jackson		State: Ms	Zip: 39213	
Contact: Leland Garrett			Tel: 6012099199	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 09/27/2019 08/16/2019 see report	
Inspector: CHRIS GRAY		Certification Number: ABI 00007366	Expiration Date: 03/08/2020	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EMSL) EXTERIOR SIDING/EXTERIOR WALL, SIDING FELT/EXTERIOR WALL, PLASTER/KITCHEN WALL, SHEETROCK/ REAR LEFT BEDROOM EILING, INSULATION/REAL RIGHT BEDROOM CEILING, ROOF SHINGL/ROOF.				
VII. QUANTITY OF RACM TO BE REMOVED: Transite/siding				
Pipes (LN FT):		Surface Area (SQ FT): 1,100	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: X			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-21-25			Complete: 2-24-25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2-25-25			Complete: 3/10/25	

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

Demolition of structure with trachoe

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

Water, Utility knife, razor scraper, spray bottle, poly sheeting, waste bags, personal protective,

XIII. WASTE TRANSPORTER #1

Name: forrest construction llc (Asbestos)

Address: 591 raymond rd

City: Jackson

State: Ms

Zip: 39204

Contact Person: Darius Forrest

Tel: (601) 720-5684

WASTE TRANSPORTER #2 Madison Landfill

Name: Socrates Garrett Ent. (Demo)

Address: 2659 Livingston Rd

City: JACKSON MISS

State: MISS

Zip: 39213

Contact Person: Socrates Garrett

Tel: 601 209 9199

XIV. WASTE DISPOSAL SITE

Name: Clearview landfill

Address: 2253 mudline road lake

City: Lake

State: Ms

Zip: 39092

Contact Person: None specific

Tel: 6015363240

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

Name: SAMANTHA GRAVES

Title: Dept Head

Authority: City of JACKSON

Date of Order (MM/DD/YY): 02-24-25

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

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Call mdeq

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

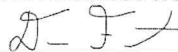
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Call mdeq

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.

Darius Forrest

Type or Print Name



(Signature of Owner/Operator)

1/24/25

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Socrates Garrett

Type or Print Name



(Signature of Owner/Operator)

2-5-25

(Date)



EMSL Analytical, Inc.

18369 Petroleum Drive Baton Rouge, LA 70809
Tel/Fax: (225) 755-1920 / (225) 755-1989
http://www.EMSL.com / batonrougelab@emsl.com

EMSL Order: 251906105
Customer ID: COJA62
Customer PO:
Project ID:

Attention: Chris Gray, Sr.
City of Jackson
PO Box 17
Jackson, MS 39205-0017
Project: 506 HILLSDALE DRIVE/2018-2044
Phone: (601) 960-1054
Fax: (601) 960-1700
Received Date: 09/27/2019 10:25 AM
Analysis Date: 09/30/2019 - 10/01/2019
Collected Date: 08/16/2019

Test Report: Asbestos Analysis of Bulk Materials via EPA 600/R-93/116 Method using Polarized Light Microscopy

Sample	Description	Appearance	Non-Asbestos		Asbestos
			% Fibrous	% Non-Fibrous	% Type
H-1 251906105-0001	Exterior Wall - Exterior Siding	Gray Fibrous Homogeneous		75% Non-fibrous (Other)	5% Amosite 20% Chrysotile
H-2 251906105-0002	Exterior Wall - Siding Felt	Black Fibrous Homogeneous	60% Cellulose	40% Non-fibrous (Other)	None Detected
H-3 251906105-0003	Kitchen Wall - Plaster	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
H-4-Skim Coat 251906105-0004	Kitchen Ceiling - Sheetrock	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
H-4-Plaster 251906105-0004A	Kitchen Ceiling - Sheetrock	Gray Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
H-4-Drywall 251906105-0004B	Kitchen Ceiling - Sheetrock	Beige Non-Fibrous Homogeneous	5% Cellulose	95% Non-fibrous (Other)	None Detected
H-5-Texture 251906105-0005	Rear Left Bedroom Ceiling - Sheetrock	White Non-Fibrous Homogeneous		100% Non-fibrous (Other)	None Detected
H-5-Drywall 251906105-0005A	Rear Left Bedroom Ceiling - Sheetrock	Beige Non-Fibrous Homogeneous	5% Cellulose	95% Non-fibrous (Other)	None Detected
H-6 251906105-0006	Rear Right Bedroom Ceiling - Insulation	Gray Fibrous Homogeneous	98% Glass	2% Non-fibrous (Other)	None Detected
H-7 251906105-0007	Roof - Roof Shingle	Black Fibrous Homogeneous	15% Glass	85% Non-fibrous (Other)	None Detected
H-8 251906105-0008	Roof - Roofing Felt	Black Fibrous Homogeneous	60% Cellulose	40% Non-fibrous (Other)	None Detected

Analyst(s)
Jurnee West (11)

Jamie Laginess

Jamie Laginess, Laboratory Operations Manager
or Other Approved Signatory

EMSL maintains liability limited to cost of analysis. The above analyses were performed in general compliance with Appendix E to Subpart E of 40 CFR (previously EPA 600/M4-82-020 "Interim Method"), but augmented with procedures outlined in the 1993 ("final") version of the method. This report relates only to the samples reported above, and may not be reproduced, except in full, without written approval by EMSL. EMSL bears no responsibility for sample collection activities or analytical method limitations. Interpretation and use of test results are the responsibility of the client. All samples received in acceptable condition unless otherwise noted. This report must not be used by the client to claim product certification, approval, or endorsement by NVLAP, NIST or any agency of the federal government. EMSL recommends gravimetric reduction for all non-friable organically bound materials prior to analysis. Estimation of uncertainty is available on request.

Samples analyzed by EMSL Analytical, Inc. Baton Rouge, LA NVLAP Lab Code 200375-0, LELAP 01950, TX 300238

Initial report from: 10/01/2019 14:42:56



EMSL ANALYTICAL INC.
LABORATORY SERVICES - TRUSTED

Asbestos Chain of Custody
EMSL Order Number (Lab Use Only):

6105

PHONE:
FAX:

Company Name: CITY OF JACKSON		EMSL Customer ID:	
Street: P.O. BOX 17		City: JACKSON	State/Province: MS
Zip/Postal Code: 39205	Country: USA	Telephone #: 601-960-1054	Fax #:
Report To (Name): CHRIS GRAY, SR.		Please Provide Results: <input type="checkbox"/> Fax <input checked="" type="checkbox"/> Email	
Email Address: CGRAY@CITY.JACKSON.MS.US		Purchase Order:	
Project Name/Number: 506 HILLSDALE DRIVE / 2018-2044		EMSL Project ID (Internal Use Only):	
U.S. State Samples Taken: MS		CT Samples: <input type="checkbox"/> Commercial/Taxable <input type="checkbox"/> Residential/Tax Exempt	

EMSL-Bill to: Same Different - If Bill to is Different note Instructions in Comments**
Third Party Billing requires written authorization from third party

Turnaround Time (TAT) Options* - Please Check

3 Hour 6 Hour 24 Hour 48 Hour 72 Hour 96 Hour 1 Week 2 Week

*For TEM Air 3 hr through 6 hr, please call ahead to schedule. *There is a premium charge for 3 Hour TEM AHERA or EPA Level II TAT. You will be asked to sign an authorization form for this service. Analysis completed in accordance with EMSL's Terms and Conditions located in the Analytical Price Guide.

<p>PCM - Air <input type="checkbox"/> Check if samples are from NY</p> <p><input type="checkbox"/> NIOSH 7400</p> <p><input type="checkbox"/> w/ OSHA 8hr. TWA</p> <p>PLM - Bulk (reporting limit)</p> <p><input checked="" type="checkbox"/> PLM EPA 600/R-93/116 (<1%)</p> <p><input type="checkbox"/> PLM EPA NOB (<1%)</p> <p>Point Count</p> <p><input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%)</p> <p>Point Count w/Gravimetric</p> <p><input type="checkbox"/> 400 (<0.25%) <input type="checkbox"/> 1000 (<0.1%)</p> <p><input type="checkbox"/> NYS 198.1 (friable in NY)</p> <p><input type="checkbox"/> NYS 198.6 NOB (non-friable-NY)</p> <p><input type="checkbox"/> NYS 198.8 SOF-V</p> <p><input type="checkbox"/> NIOSH 9002 (<1%)</p>	<p>TEM - Air <input type="checkbox"/> 4-4.5hr TAT (AHERA only)</p> <p><input type="checkbox"/> AHERA 40 CFR, Part 763</p> <p><input type="checkbox"/> NIOSH 7402</p> <p><input type="checkbox"/> EPA Level II</p> <p><input type="checkbox"/> ISO 10312</p> <p>TEM - Bulk</p> <p><input type="checkbox"/> TEM EPA NOB</p> <p><input type="checkbox"/> NYS NOB 198.4 (non-friable-NY)</p> <p><input type="checkbox"/> Chatfield SOP</p> <p><input type="checkbox"/> TEM Mass Analysis-EPA 600 sec. 2.5</p> <p>TEM - Water: EPA 100.2</p> <p>Fibers >10µm <input type="checkbox"/> Waste <input type="checkbox"/> Drinking</p> <p>All Fiber Sizes <input type="checkbox"/> Waste <input type="checkbox"/> Drinking</p>	<p>TEM - Dust</p> <p><input type="checkbox"/> Microvac - ASTM D 5755</p> <p><input type="checkbox"/> Wipe - ASTM D6480</p> <p><input type="checkbox"/> Carpet Sonication (EPA 600/J-93/167)</p> <p>Soil/Rock/Vermiculite*</p> <p><input type="checkbox"/> PLM CARB 435 - A (0.25% sensitivity)</p> <p><input type="checkbox"/> PLM CARB 435 - B (0.1% sensitivity)</p> <p><input type="checkbox"/> TEM CARB 435 - B (0.1% sensitivity)</p> <p><input type="checkbox"/> TEM CARB 435 - C (0.01% sensitivity)</p> <p><input type="checkbox"/> TEM Qual. via Filtration Technique</p> <p><input type="checkbox"/> TEM Qual. via Drop-Mount Technique</p> <p><small>*Can not accept New York State Loose Fill Vermiculite Samples</small></p> <p>Other:</p> <p><input type="checkbox"/></p>
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Check For Positive Stop - Clearly Identify Homogenous Group **Filter Pore Size (Air Samples):** 0.9µm 0.45µm

Samplers Name: CHRIS GRAY, SR. **Samplers Signature:** *[Signature]*

Sample #	Sample Description	Volume/Area (Air) HA # (Bulk)	Date/Time Sampled
H-1	EXTERIOR SIDING / EXTERIOR WALL	42' X 56'	8/16/19
H-2	SIDING FELT / EXTERIOR WALL	42' X 56'	8/16/19
H-3	PLASTER / KITCHEN WALL	10' X 18'	8/16/19
H-4	SHEETROCK / KITCHEN CEILING	10' X 18'	8/16/19
H-5	SHEETROCK / REAR LEFT BEDROOM CEILING	11' X 13'	8/16/19
H-6	INSULATION / REAR RIGHT BEDROOM CEILING	12' X 12'	8/16/19
H-7	ROOF SHINGLE / ROOF	42' X 56'	8/16/19

Client Sample # (s): H-1 - H-8 **Total # of Samples:** 8

Relinquished (Client): *[Signature]* **Date:** 9-26-19 **Time:**

Received (Lab): *[Signature]* **Date:** 9/27/19 **Time:** 10:25am

Comments/Special Instructions:

Please email a copy of lab report to rbrunson@jacksonms.gov

Ⓡ 8070 5073 5586
1 of 1



Asbestos Chain of Custody

EMSL Order Number (Lab Use Only):

6105

PHONE:
FAX:

Additional Pages of the Chain of Custody are only necessary if needed for additional sample information

Sample #	Sample Description	Volume/Area (Air) HA # (Bulk)	Date/Time Sampled
H-8	ROOFING FELT / ROOF	42' X 56'	
	APPROXIMATE MEASUREMENTS OF		
	ENTIRE STRUCTURE	42' X 56'	
	KITCHEN	10' X 18'	
	REAR LEFT BEDROOM	11' X 13'	
	REAR RIGHT BEDROOM	12' X 12'	
H-3	HOMOGENOUS TO ENTIRE STRUCTURE		
*Comments/Special Instructions:			