

REV

# 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 04/23/2025	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>R</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <b>Single Family Home</b>				
Bldg. Name: <b>House Structure (s)</b>				
Address: <b>3420 Robinson Rd</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39209</b>	
Site Location: <b>same as above See asbestos inspector report</b>			Tel: <b>601-473-3805</b>	
Building Size: <b>1800 sqft</b>		# of Floors: <b>1</b>	Age in Years: <b>66</b>	
Present Use: <b>none</b>		Prior Use: <b>home</b>		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Westhaven Memorial Funeral Home</b>				
Address: <b>3580 Robinson Rd</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39209</b>	
Contact: <b>Tanisha Smith Carr</b>			Tel: <b>601-708-3033</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>Darius L Forrest</b>				
Address: <b>1810 Alta Woods Blvd</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39204</b>	
Contact: <b>Darius Forrest</b>			Tel: <b>601-720-7281</b>	
Certification Number: <b>ABC-00008477</b>			Expiration Date: <b>08/03/2025</b>	
OTHER OPERATOR: <b>Ready One Construction</b>				
Address: <b>1220 E Northside Ste 170/337</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39211</b>	
Contact: <b>Roger Thomas</b>			Tel: <b>601-473-3805</b>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No):				
WAS ASBESTOS PRESENT? (Yes/No): <b>yes</b>			Inspection Date: <b>12/13/2024</b>	
Inspector: <b>Charles Pearson</b>		Certification Number: <b>ABI-00011488</b>	Expiration Date: <b>09-05-25</b>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: A thorough inspection was performed to detect ACM Flue Pipe, sheet rock ceiling, floor tile, and sheet rock  <a href="#">See asbestos inspection report</a>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>The above materials was inspected (renfrence section VI)</b>				
Pipes (LN FT): <b>3</b>		Surface Area (SQ FT): <b>320</b>	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <b>78</b>		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>04/28/25</b>			Complete: <b>04/28/25</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>04/29/25</b>			Complete: <b>05/01/25</b>	

**XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
house is to be demolished with the use of a excavator for the demo

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**  
wet method is to be use to removed asbestos containing material and bag for disopal

**XIII. WASTE TRANSPORTER #1** Ready One Construction

Name: Ready One Construction

Address: 1220 E Northside Dr Ste 170/337

City: Jackson

State: MS

Zip: 39211

Contact Person: Roger Thomas

Tel: 601-473-3805

**WASTE TRANSPORTER #2** Forrest Construction

Name: Forrest Construction

Address: 1810 Alta Woods Blvd

City: Jackson

State: MS

Zip: 39204

Contact Person: Darius Forrest

Tel: 601-720-7281

**XIV. WASTE DISPOSAL SITE** Little Dixie Landfill

Name: Little Dixie Landfill/Asbestos Madison South Landfill / Demo

Address: 1716 N County line Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person: N/A

Tel: 601-982-9488

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

Name: N/A

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:  
stopage and contact a competent person

**XVII. 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:**  
stopage of project and contact a license asbestos contractor

**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

*Darius Forrest*  
(Signature of Owner/Operator)

04-09-25

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Roger Thomas

Type or Print Name

*Roger Thomas*  
(Signature of Owner/Operator)



04-09-25

(Date)



## Inspection/ Testing (ACM, Lead and Mold)

### Job Site Location

<b>Project Name</b>	Robinson Rd- ACM SURVEY
<b>Client Name</b>	Westhaven Funeral Home
<b>Site Address</b>	3420 Robinson Road
	 32.314502, -90.079070
<b>City, State Zip</b>	Jackson, MS
	 32.314439, -90.079103
<b>Date/Time of Visit</b>	12-13-2024
<b>FINDINGS - Summary of Inspection</b>	Asbestos was identified in the following materials: Sample 05- Flue pipe- off of dining room Sample 07- ceiling texture above ceiling tile Sample 08- Black mastic on floor tile in upstairs bathroom Sample 10- Ceiling texture and joint compound from dining room

### Inspector Info with Chain of Custody

<b>Pearson Environmental Services Representative Name</b>	Charles Pearson and Joseph Sponseller
<b>Date of Visit</b>	12-13-2024

### Sample Log

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Inspection/ Testing (ACM, Lead and Mold)

Sample Photo



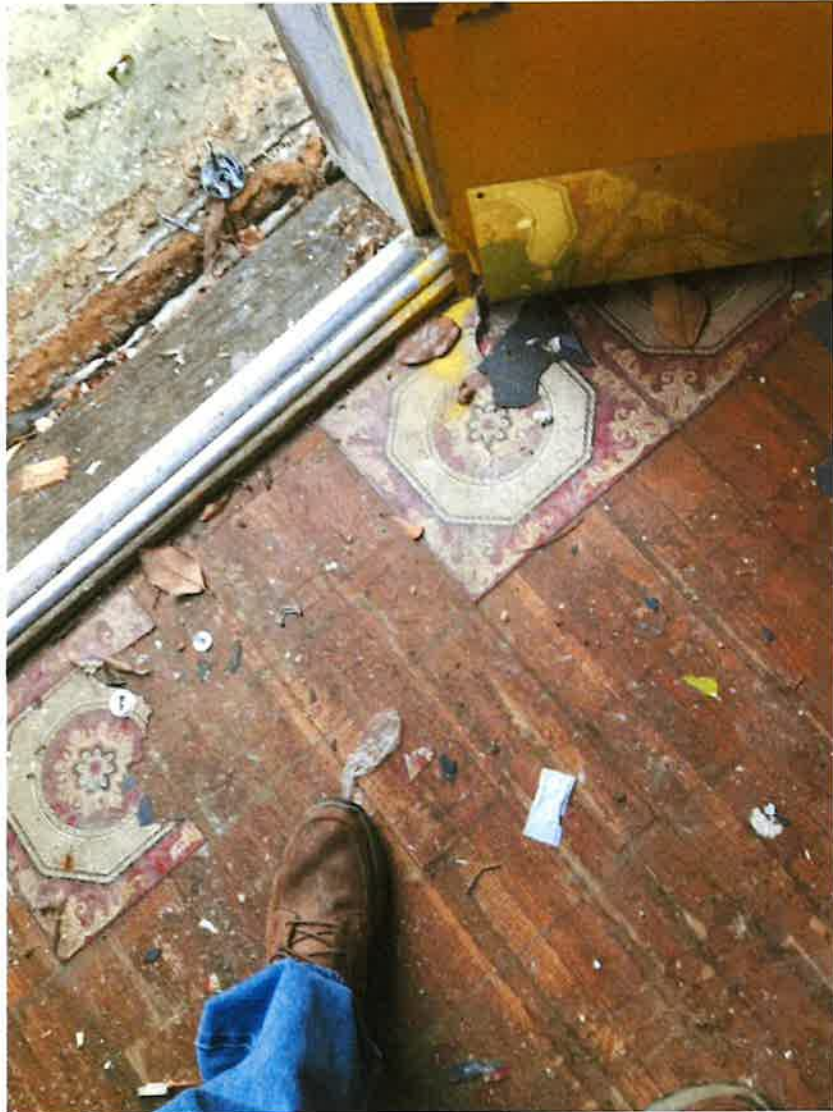
Sample ID	01
Sample type	Suspect ACM
Sample Condition	Friable
Sample Description/ Location	Sheetrock and joint compound wall- in foyer

Sample Log (1)



## Inspection/ Testing (ACM, Lead and Mold)

Sample Photo



Sample ID	02
Sample type	Suspect ACM
Sample Condition	Non-friable
Sample Description/ Location	Vinyl floor- foyer

### [Sample Log \(2\)](#)

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## Inspection/ Testing (ACM, Lead and Mold)

Sample Photo



Sample ID	03
Sample type	Suspect ACM
Sample Condition	Friable
Sample Description/ Location	Ceiling tile in foyer

### Sample Log (3)

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## Inspection/ Testing (ACM, Lead and Mold)

Sample Photo



Sample ID	04
Sample type	Suspect ACM
Sample Condition	Friable
Sample Description/ Location	Sheet rock ceiling in the bathroom

### [Sample Log \(4\)](#)

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## Inspection/ Testing (ACM, Lead and Mold)

Sample Photo



Sample ID	05
Sample type	Suspect ACM
Sample Condition	Non-friable
Sample Description/ Location	Flue pipe off of dining room

### Sample Log (5)





## Inspection/ Testing (ACM, Lead and Mold)

Sample Photo



Sample ID	06
Sample type	Suspect ACM
Sample Condition	Friable
Sample Description/ Location	Sheet rock wall in garage

### [Sample Log \(6\)](#)

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## Inspection/ Testing (ACM, Lead and Mold)

Sample Photo



Sample ID	07
Sample type	Suspect ACM
Sample Condition	Friable
Sample Description/ Location	Sheet rock ceiling above ceiling tile

### [Sample Log \(7\)](#)

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## Inspection/ Testing (ACM, Lead and Mold)

Sample Photo



Sample ID	08
Sample type	Suspect ACM
Sample Condition	Non-friable
Sample Description/ Location	Floor tile in upstairs bathroom

## Sample Log (8)

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## Inspection/ Testing (ACM, Lead and Mold)

Sample Photo



Sample ID	09
Sample type	Suspect ACM
Sample Condition	Non-friable
Sample Description/ Location	Sheet vinyl in upstairs bathroom

### [Sample Log \(9\)](#)

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## Inspection/ Testing (ACM, Lead and Mold)

Sample Photo



<b>Sample ID</b>	10
<b>Sample type</b>	Suspect ACM
<b>Sample Condition</b>	Friable
<b>Sample Description/ Location</b>	Sheet rock ceiling off of dining room

## Interior Photos

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## Inspection/ Testing (ACM, Lead and Mold)

### Photos





Date Submitted: 04-18-2025 08:15 AM  
Submitted By: pearsonenvironmental@gmail.com

## Inspection/ Testing (ACM, Lead and Mold)





## Inspection/ Testing (ACM, Lead and Mold)





## Inspection/ Testing (ACM, Lead and Mold)





Date Submitted: 04-18-2025 08:15 AM  
Submitted By: pearsonenvironmental@gmail.com

## Inspection/ Testing (ACM, Lead and Mold)







## Inspection/ Testing (ACM, Lead and Mold)





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## Inspection/ Testing (ACM, Lead and Mold)





Date Submitted: 04-18-2025 08:15 AM  
Submitted By: pearsonenvironmental@gmail.com

## Inspection/ Testing (ACM, Lead and Mold)





Date Submitted: 04-18-2025 08:15 AM  
Submitted By: pearsonenvironmental@gmail.com

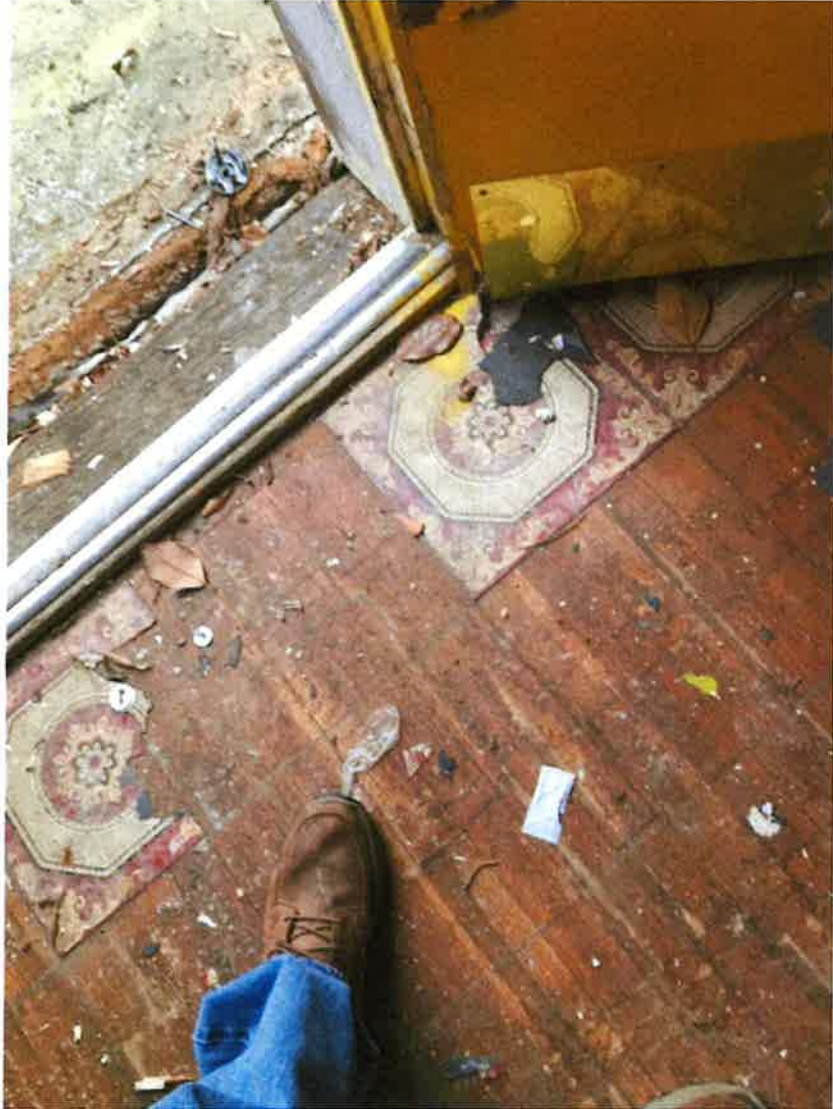
## Inspection/ Testing (ACM, Lead and Mold)





Date Submitted: 04-18-2025 08:15 AM  
Submitted By: pearsonenvironmental@gmail.com

## Inspection/ Testing (ACM, Lead and Mold)







Date Submitted: 04-18-2025 08:15 AM  
Submitted By: pearsonenvironmental@gmail.com

## Inspection/ Testing (ACM, Lead and Mold)





## Inspection/ Testing (ACM, Lead and Mold)

### Form Locations





# ***State of Mississippi***

***Department of Environmental Quality  
Office of Pollution Control***

## ***Certificate of Licensure***

In accordance with the Asbestos Abatement Accreditation and Certification Act,  
Enacted as 1989 Mississippi Law, Chapter 505

Be it known that

***Charles S Pearson***

Having submitted acceptable evidence of qualifications and  
training and other appropriate information, is hereby granted this

***Asbestos Inspector  
Certification***



***Certificate No.: ABI-00011488  
Expiration Date: Sep 5th, 2025  
Training Expires on Sep 5th, 2025***

***Chief, Asbestos & Lead Branch***

81806 LIC20240001







# State of Mississippi

**TATE REEVES**

Governor

## MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY

CHRIS WELLS, EXECUTIVE DIRECTOR

March 20, 2025

Joseph K Sponseller  
Pearson Environmental  
130 Southpointe Drive  
Suite J  
Byram, Mississippi 39272

Dear Joseph K Sponseller:

Re: Certificate Of Licensure  
Asbestos Inspector Certification

Enclosed please find the certificate issued to you by the Commission on Environmental Quality for the asbestos abatement category referenced above.

Your certification will expire as referenced on the face of the certificate. During the year of valid certification you should ensure that required refresher training is completed and proof of completion of this training is obtained for submittal when renewal of certification is sought.

Any inquiries regarding this certificate should reference your name, certification number, and category of certification. If you have any questions or if we can be of service, please contact us.

Sincerely,

A handwritten signature in blue ink that reads "Greg Mallery".

Greg Mallery, P.E., Chief  
Asbestos & Lead Branch

Enclosure

85178 LIC20250001

# *State of Mississippi*

*Department of Environmental Quality  
Office of Pollution Control*

## *Certificate of Licensure*

In accordance with the Asbestos Abatement Accreditation and Certification Act,  
Enacted as 1989 Mississippi Law, Chapter 505

Be it known that

***Joseph K Sponseller***

Having submitted acceptable evidence of qualifications and  
training and other appropriate information, is hereby granted this

***Asbestos Inspector  
Certification***



*Certificate No.: ABI-00013289  
Expiration Date: Dec 18th, 2025  
Training Expires on Dec 18th, 2025*

*Chief, Asbestos & Lead Branch*

85178 LIC20250001

# CHAIN OF CUSTODY



www.eurofinsus.com/Built

Built Environment Testing

East: (866) 871-1984  
Central: (800) 861-4802  
West: (888) 888-6853

WEATHER	Fog	Rain	Snow	Wind	Clear
LEVEL	None	Light	Moderate	Heavy	

## CONTACT INFORMATION

Company:	Pearson Environmental	Address:	130 Southpark Dr. Suite J.
Contact:	Chris Pearson	Special Instructions:	Byram, MS 39272
Phone:	601-937-1186		

## PROJECT INFORMATION

Project ID:	3420 Robinson	STD - Standard (Default)	TURN AROUND TIME CODES - (TAT)
Project Description:		ND - Next Business Day	
Project Zip Code:		SD - Same Business Day	
PO Number:		WH - Weekend/Holiday/SAP	

Rushes received after 2pm or on weekends, will be considered received the next business day. Please alert us in advance of weekend analysis needs.

SAMPLE ID	DESCRIPTION	Sample Type (Below)	TAT (Above)	Total Volume/Area (as applicable)	NOTES (Time of day, Temp, RH, etc.)
01	SHED ROCK ESTIMATE FOR	B	SD		
02	WIND TOWER FOR	B	SD		
03	CEDAR TREE FOR	B	SD		
04	SHED ROCK ESTIMATE FOR	B	SD		
05	FLAT TOP OF DIRT ROAD	B	SD		
06	SHED ROCK ESTIMATE FOR	B	SD		
07	SHED ROCK ESTIMATE FOR	B	SD		
08	FLAT TOP OF DIRT ROAD	B	SD		
09	SHED ROCK ESTIMATE FOR	B	SD		
10	SHED ROCK ESTIMATE FOR	B	SD		



003883977

SAMPLE TYPE CODES			
BC - BioCassette™	CP - Contact Plate	T - Tape	O - Other:
ATS - Andersen	ST - Spore Trap	SW - Swab	
SAS - Surface Air Sampler	B - Bulk	SO - Soil	
NP - Non-potable Water	P - Potable Water	D - Dust	

RELINQUISHED BY	DATE & TIME	RECEIVED BY	DATE & TIME
<i>Chris Pearson</i>	12-13-24	<i>John L. H.</i>	12/16/24

## REQUESTED SERVICES

Non-Culturable	Culturable	Other Requests
Spore Trap	BioCassette™ Andersen, SAS	Asbestos in Air - PCM Airborne Fiber Count (NIOSH 7400)
Swab, Bulk	Bomb, Water, Bulk, Dust, Soil	Asbestos Bulk - PLM
	Contact Plate	Lead (Pb) - Flame AA
		PCR (please specify test)
		Allergens (please specify test)

By submitting this Chain of Custody, you agree to be bound by the terms and conditions set forth at: <https://www.eurofinsus.com/environment-testing/built-environment/resources/sampling-guides-and-forms>

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