

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator/Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="checkbox"/>					
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					
Address 208 WEST MARION STREET					
City CRYSTAL SPRINGS	State MS	Zip			
Site Location		Tel			
Building Size 5000 SQ FT	# of Floors 1	Age in Years 30			
Present Use VACANT	Prior Use BANK				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME GREG BROCK					
Address 208 WEST MARION STREET					
City CRYSTAL SPRINGS	State MS	Zip			
Contact GREG BROCK		Tel			
REMOVAL CONTRACTOR PEARSON ENVIRONMENTAL SERVICES					
Address 2040 FOX COVE EASTQ					
City BYRAM	State MS	Zip 39272			
Contact CHRIS PEARSON		Tel 6019371186			
OTHER OPERATOR:					
Address					
City		State			
City		Zip			
Contact:					
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):					
PLM. CHRIS PEARSON, APRIL 2021					
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				Sq Ft 1000	Sq M
Vol RACM Off Facility Component				Cu Ft	Cu M
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6/20/2021 7/2/2021 Complete: 6/30/2021 7/3/21					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/3/2021 Complete: 8/1/2021					

RECEIVED

18 REC'D

Mississippi Department of Environmental Quality

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

TEARING OUT WALLS AND REPLACING FLOORS AND CEILINGS

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

FULL CONTAINMENT, WET METHOD, NEGATIVE AIR MACHINES, ALL MATERIALS BAGGED

XII. WASTE TRANSPORTER #1

Name: PEARSON ENVIRONMENTAL SERVICES

Address: 2040 FOX COVE EAST

City: BYRAM

State: MS

Zip: 39272

Contact Person: CHRIS PEARSON

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: LITTLE DIXIE

Address: 1716 N. COUNTY LINE RD

City: RIDGELAND

State: MS

Zip: 39157

Tel: 6019829488

XIV. 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):

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER

WORK WILL STOP , MATERIAL WILL BE SOAKED IN AMENDED WATER

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.

CHRIS PEARSON

Type or Print Name

(Signature of Owner/Operator)

6/18/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

6/18/21

(Date)