

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <i>6/29/21 Hand Delivered</i>	Date Received (MDEQ use only) <i>6/29/21</i>	Notification # (MDEQ use only)	
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) OD				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:				
Address 3129 BAILEY AVE				
City: JACKSON	State: MS	Zip: 39213		
Site Location: SAME AS ABOVE		Tel: 601-960-1054		
Building Size 1,388	# of Floors: 1	Age in Years: 71		
Present Use: VACANT	Prior Use: SINGLE FAMILY RESIDENTIAL			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: ANDREWS R P JR				
Address: 200 S PRESIDENT ST, SUITE 331				
City: JACKSON	State: MS	Zip: 39201		
Contact: CITY OF JACKSON (LATONYA MILLER)		Tel: 601-960-6575 OR 601-960-1054		
REMOVAL CONTRACTOR ANDERSON ENVIRONMENTAL				
Address: 870 FOLEY STREET				
City: JACKSON	State: MS	Zip: 39202		
Contact: STEVEN JONES		Tel: 601-540-1139		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) NO				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
EPA 600/R-93/116 Bulk PLM (NVLAP lab); Inspector: Antwaur Bennett Cert # ABI-00009824; Inspection Date: 5/27/2020				
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 UNIT
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area Transite siding	1225			Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-30-21 Complete: 6-30-21				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7-01-21 Complete: 7-01-21				

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

Abatement of demo of abandon houses

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 sings and danger tape, removed using wet methods and ACM bags and poly

XII. WASTE TRANSPORTER #1

Name: Area barricaded using asbestos sings and danger tape, removed using wet methods and ACM bags and poly Anderson Environmental

Address: 870 Foley Street

City: Jackson

State: MS

Zip: 39202

Contact Person: Daryl Anderson

Tel: 601-354-4400

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Allied Waste Little Dixie Landfill

Address: 1718 N Countyline Rd

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-9488

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

Name: CITY OF JACKSON (LATONYA MILLER)

Title: COMMUNITY IMPROVEMENT MANAGER

Authority: JORDAN HILLMAN, DIRECTOR OF PLANNING AND DEVELOPMENT

Date of Order (MM/DD/YY): 05/26/2021

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

Type or Print Name

Daryl Anderson
(Signature of Owner/Operator)

6-29-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Stephen Jones

Type or Print Name

Stephen Jones
(Signature of Owner/Operator)

6-29-21

(Date)