

# 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</i> <i>Hard 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) <span style="float: right;"><b>R</b></span>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>OD</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:				
Address: <b>3135 BAILEY AVE</b>				
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39213</b>		
Site Location: <b>SAME AS ABOVE</b>		Tel: <b>601-960-1054</b>		
Building Size: <b>757</b>	# of Floors: <b>1</b>	Age in Years: <b>81</b>		
Present Use: <b>VACANT</b>	Prior Use: <b>SINGLE FAMILY RESIDENTIAL</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>NIX BENITA</b>				
Address: <b>200 S PRESIDENT ST, SUITE 331</b>				
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39201</b>		
Contact: <b>CITY OF JACKSON (LATONYA MILLER)</b>		Tel: <b>601-960-6575 OR 601-960-1054</b>		
REMOVAL CONTRACTOR <b>ANDERSON ENVIRONMENTAL</b>				
Address: <b>870 FOLEY STREET</b>				
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39202</b>		
Contact: <b>STEVEN JONES</b>		Tel: <b>601-540-1139</b>		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
V. IS ASBESTOS PRESENT? (Yes/No) <b>NO</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>EPA 600/R-93/116 Bulk PLM (NVLAP lab); Inspector: Antwaur Bennett Cert # ABI-00009824; Inspection Date: 5/27/2020</b>				
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	
Pipes				Ln Ft:      Ln M:
Surface Area <b>Transite siding</b>	<b>500</b>			Sq Ft: <b>X</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>6-30-21</b> Complete: <b>6-30-21</b>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>7-02-21</b> Complete: <b>7-02-21</b>				

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

**Abatement and demo of abandon house**

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

XII. WASTE TRANSPORTER #1

Name: **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 County Line Road**

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:

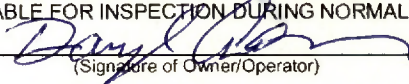
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

**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



(Signature of Owner/Operator)

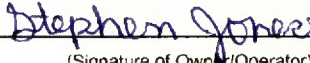
6-29-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Stephen Jones

Type or Print Name



(Signature of Owner/Operator)

6-29-21

(Date)