

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: 2957 BAILEY AVE					
City: JACKSON	State: MS	Zip: 39213			
Site Location: SAME AS ABOVE		Tel: 601-960-1054			
Building Size: 1,492	# of Floors: 1	Age in Years: 49			
Present Use: VACANT	Prior Use: SINGLE FAMILY RESIDENTIAL				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: TILLMAN JAMES W EST & ALMA					
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) YES					
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	
		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area Transite siding	1200			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 and 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: **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 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)