

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <i>Hand Delivered</i> <i>6/30/21</i>	Date Received (MDEQ use only) <i>6/30/21</i>	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <i>Original</i>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <i>Renovation</i>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <i>The Art Center of Mississippi</i>					
Address: <i>201 East Pascagoula St.</i>					
City: <i>Jackson</i>	State: <i>MS</i>	Zip: <i>39201</i>			
Site Location: <i>same</i>	Tel: <i>7697216-3757</i>				
Building Size: <i>20,000 ft</i>	# of Floors: <i>2</i>	Age in Years: <i>50 plus</i>			
Present Use: <i>Recreation</i>	Prior Use: <i>Recreation</i>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <i>City of Jackson</i>					
Address: <i>200 South President St.</i>					
City: <i>Jackson</i>	State: <i>MS</i>	Zip: <i>39201</i>			
Contact: <i>Darryl McQuirter</i>	Tel: <i>7697216-3757</i>				
REMOVAL CONTRACTOR <i>Bestway Abatement</i>					
Address: <i>P.O. Box 88</i>					
City: <i>Edwards</i>	State: <i>MS</i>	Zip: <i>39066</i>			
Contact: <i>Aaron Bee</i>	Tel: <i>6017383-3297</i>				
OTHER OPERATOR: <i>Construction Specialist</i>					
Address: <i>5965 HWY 18 West Suite 309</i>					
City: <i>Jackson</i>	State: <i>MS</i>	Zip: <i>39209</i>			
Contact: <i>Darryl McQuirter</i>					
V. IS ASBESTOS PRESENT? (Yes/No) <i>Yes</i>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <i>PLM Environmental Management 3/8/2019 Plus, Inc</i>					
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	<i>730</i>			Sq Ft: <i>730</i>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>July 14, 2021</i> Complete: <i>July 30, 2021</i>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>July 21, 2021</i> Complete: <i>August 15, 2021</i>					

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

Replace floor covering, paint, dry wall

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

Wet Method and strip

XII. WASTE TRANSPORTER #1

Name: Aaron Lee

Address: P.O. Box 58

City: Edwards

State: MS

Zip: 39066

Contact Person: Aaron Lee

Tel: 601 383-3237

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N County Line 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:

Title:

Authority: N/A

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Stop and call DEG

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.

Aaron Lee  
Type or Print Name

Aaron Lee  
(Signature of Owner/Operator)

6/30/2021  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee  
Type or Print Name

Aaron Lee  
(Signature of Owner/Operator)

6/30/2021  
(Date)