

# 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><br>7/14/21 | Date Received (MDEQ use only)<br>7/14/21       | Notification # (MDEQ use only) |  |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <input type="radio"/> O  |   |  |                                |  |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input type="radio"/> D   |   |  |                                |  |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number)   |   |  |                                |  |
| Bldg. Name: <b>BEACON STREET APARTMENTS</b>  |   |  |                                |  |
| Address: <b>701 BEACON STREET</b>  |   |  |                                |  |
| City: <b>Jackson</b>   | State: <b>MS</b>                          | Zip: <b>39440</b>                              |                                |  |
| Site Location: <b>Same as above</b>  |   | Tel: <b>(601) 425-4651</b>                     |                                |  |
| Building Size: <b>30,000sf</b>   | # of Floors: <b>2</b>                     | Age in Years: <b>50+</b>                       |                                |  |
| Present Use: <b>RESIDENTIAL APARTMENTS</b>   | Prior Use: <b>RESIDENTIAL APARTMENTS</b>  |  |                                |  |
| IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)  |   |  |                                |  |
| OWNER NAME: <b>Beacon Homes LP</b>   |   |  |                                |  |
| Address: <b>801 Leontyne Price</b>   |   |  |                                |  |
| City: <b>Laurel</b>  | State: <b>MS</b>                          | Zip: <b>39440</b>                              |                                |  |
| Contact: <b>Board of Directors</b>   |   | Tel: <b>601-941-0844</b>                       |                                |  |
| REMOVAL CONTRACTOR: <b>Anderson Environmental</b>  |   |  |                                |  |
| Address: <b>P. O. Box 16891</b>  |   |  |                                |  |
| City: <b>Jackson</b>   | State: <b>MS</b>                          | Zip: <b>39236</b>                              |                                |  |
| Contact: <b>Daryl Anderson</b>   |   | Tel: <b>601-354-4400</b>                       |                                |  |
| OTHER OPERATOR: <b>UNICORP LLC</b>   |   |  |                                |  |
| Address: <b>124 ONE MADISON PLAZA</b>  |   |  |                                |  |
| City: <b>MADISON</b>   | State: <b>MS</b>                          | Zip: <b>39110</b>                              |                                |  |
| Contact: <b>JASON WALKER</b>   |   |  |                                |  |
| V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>  |   |  |                                |  |
| VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL<br>(Include inspector name and date of inspection):<br><b>PLM ERG ENVIRONMENTAL Inspector not given</b> |   |  |                                |  |
| VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:   |   |  |                                |  |
| 1. Regulated ACM to be Removed<br>2. Category I ACM Not Removed<br>3. Category II ACM Not Removed  | RACM To Be Removed                        | Nonfriable Asbestos Material Not To Be Removed |                                | Indicate Unit of Measurement Below<br><br>UNIT |
|  |   | Category I                                     | Category II                    |  |
| Pipes  |   |  |                                | Ln Ft:      Ln M:                              |
| Surface Area <b>Floor tile and mastic</b>  | <b>115,000</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>7-28-21</b>  |   |  | Complete: <b>8-30-21</b>       |  |
| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9-01-21</b>   |   |  | Complete: <b>1-30-21</b>       |  |

RECEIVED

JUL 14 REC'D

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

**Asbestos abatement and Demolition of apartment buildings**

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

Area contained, kept wet, material placed in acm bags and put in a dumpster

XII. WASTE TRANSPORTER #1

Name: **Waste management**

Address: **133 Gravel Pit Rd, Hattiesburg, MS 39402**

|                                 |                          |                   |
|---------------------------------|--------------------------|-------------------|
| City: <b>Hattiesburg</b>        | State: <b>MS</b>         | Zip: <b>39402</b> |
| Contact Person: <b>Dispatch</b> | Tel: <b>866-909-4456</b> |                   |

WASTE TRANSPORTER #2

Name:

Address:

|                 |        |      |
|-----------------|--------|------|
| City:           | State: | Zip: |
| Contact Person: | Tel:   |      |

XIII. WASTE DISPOSAL SITE **Waste Management**

Name: **Oak Grove**

Address: **133 Gravel Pit Rd, Hattiesburg, MS 39402**

|                            |                  |                   |
|----------------------------|------------------|-------------------|
| City: <b>Hattiesburg</b>   | State: <b>MS</b> | Zip: <b>39402</b> |
| Tel: <b>(601) 982-9488</b> |                  |                   |

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: **School's roof damaged and water leaked on 2 class room floors acm tile discovered during repair**

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.

|   |  |                          |
|---|--|--------------------------|
| <b>Daryl Anderson</b><br>Type or Print Name | <br>(Signature of Owner/Operator) | <b>7-14-21</b><br>(Date) |
|---|--|--------------------------|

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

|   |  |                          |
|---|--|--------------------------|
| <b>Daryl Anderson</b><br>Type or Print Name | <br>(Signature of Owner/Operator) | <b>7-14-21</b><br>(Date) |
|---|--|--------------------------|