

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 7/28/21 <i>(Hand Delivered)</i>	Date Received (MDEQ use only) 7/28/21	Notification # (MDEQ use only) A1 # 79913		
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) R					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Holy Ghost Head Start Center					
Address: 1145 Cloister Street					
City: Jackson	State: MS	Zip: 39202			
Site Location: SAME AS ABOVE		Tel: 601-956-3397			
Building Size: 5000SF	# of Floors: 1	Age in Years: 55			
Present Use: Head Start Center	Prior Use: Head Start Center				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Hinds County Human Resource Agency					
Address: 258 Maddox Road					
City: Jackson	State: MS	Zip: 392121			
Contact: Shirley Gibbs	Tel: 601-923-3930				
REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL					
Address: 870 FOLEY STREET					
City: JACKSON	State: MS	Zip: 39202			
Contact: DARYL ANDERSON	Tel: 601-354-4400				
OTHER OPERATOR: None					
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):					
Method PLM Alfred Martin 12-21-20					
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 Floor tile and mastic	1000			Sq Ft: X	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7-26-21 Complete: 7-30-21					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 8-02-21 Complete: 8-15-21					

RECEIVED

JUL 28 REC'D

Dept. of Environmental Quality

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

Asbestos Removal of and replacement of floor tile

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 ape, conatainment under negative pressure removed using wet methods and AC

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 **Republic**

Name: **Little Dixie Landfill**

Address: **1716 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:

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:

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

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)

7-26-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

Type or Print Name

Daryl Anderson
(Signature of Owner/Operator)

7-26-21

(Date)