

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)					
III. FACILITY DESCRIPTION (include building name, number and floor or room number)					
Bldg. Name: <b>Residential House</b>					
Address <b>1038 GLEN ERIN ST</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39212</b>			
Site Location: <b>Same as above</b>		Tel:			
Building Size <b>1,584</b>	# of Floors: <b>1</b>	Age in Years: <b>61</b>			
Present Use: <b>Vacant</b>	Prior Use: <b>Residential</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>STATE OF MISS</b>					
Address: <b>125 S CONGRESS ST</b>					
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39201</b>			
Contact: <b>CITY OF JACKSON</b>	Tel: <b>601-960-1054</b>				
REMOVAL CONTRACTOR: <b>SOCRATES GARRETT ENTERPRISES, INC.</b>					
Address: <b>2659 Livingston Rd</b>					
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39213</b>			
Contact: <b>Joseph L Antonio</b>	Tel: <b>601-212-9555</b>				
OTHER OPERATOR:					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include Inspector name and date of inspection):					
<b>SAMANTHA GRAVES- JUNE 19, 2020 EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY</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	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area <b>Living Rm sheet rock</b>			<b>✓</b>	Sq Ft: <b>330</b>	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>8/17/2021</b> Complete: <b>8/18/2021</b>					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>8/19/2021</b> Complete: <b>8/19/2021</b>					

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

Abatement + demo

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

keep material wet

XII. WASTE TRANSPORTER #1

Name: same as demo contractor

Address:

City: State: Zip:

Contact Person: Tel:

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 North County Line Rd

City: Ridgeland State: MS Zip:

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: ROBERT BRUNSON Title: Code Enforcement Supervisor

Authority: CITY OF JACKSON

Date of Order (MM/DD/YY): 7/29/21 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:

stop work notify DEQ

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.

Joseph Antonio Joseph Antonio 8/3/2021  
Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antonio Joseph Antonio 8/3/2021  
Type or Print Name (Signature of Owner/Operator) (Date)