

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark 8/25/21 <i>Hand Delivered</i>	Date Received (MDEQ use only) 8/25/21	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) D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Residential House				
Address 118 FERGUSON DR				
City: Jackson	State: MS	Zip: 39212		
Site Location: Same as above			Tel:	
Building Size 1,320	# of Floors: 1	Age in Years: 72		
Present Use: Vacant	Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: BURNS SHANEL & CAGER BILL				
Address: 110 MANSELL CIR STE 105				
City: ROSWELL	State: GA	Zip: 30075		
Contact: CITY OF JACKSON			Tel: 601-960-1054	
REMOVAL CONTRACTOR: Anderson Environmental				
Address: P.O. Box 16891				
City: Jackson	State: MS	Zip: 39236		
Contact: Daryl Anderson			Tel: 601-354-4400	
OTHER OPERATOR: Site Management Assistance LLC				
Address: P.O. Box 1484				
City: Meridian	State: MS	Zip: 39302		
Contact: Kim Dowels (662)-212-0400				
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):				
SAMANTHA GRAVES /AUG.19, 2020 / EPA 600/R-93-116 METHOD USING POLARIZED LIGHT MICROSCOPY				
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 UNIT
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area Transite siding	1250			Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 8/27/21		Complete: 9/08/21		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9/09/21		Complete: 9/30/21		

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Dept. of Environmental Quality

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

Abatement and Demolition

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 danger tape, removed using wet methods and ACM bags and poly

XII. WASTE TRANSPORTER #1

Name: Anderson Environmental

Address: P.O. Box 16891

City: Jackson

State: MS

Zip: 39236

Contact Person: Daryl Anderson

Tel: 601-354-4400

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

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: ROBERT BRUNSON

Title: Code Enforcement Supervisor

Authority: CITY OF JACKSON

Date of Order (MM/DD/YY): 11/24/2020

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

(Signature of Owner/Operator)

8-25-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

Type or Print Name

(Signature of Owner/Operator)

8-25-21

(Date)