

Review

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) 9.9.21	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)				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Residential House				
Address: 1816 WALTHAM STREET				
City: Jackson	State: MS	Zip: 39204		
Site Location: Same as above			Tel:	
Building Size: 1,028	# of Floors: 1	Age in Years: 65		
Present Use: Vacant	Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: STATE OF MISSISSIPPI				
Address: 125 S CONGRESS ST				
City: JACKSON	State: MS	Zip: 39201		
Contact: CITY OF JACKSON			Tel: 601-960-1054	
REMOVAL CONTRACTOR: ACA DEMOLITION & PROJECT GROUP, LLC				
Address: 120 Hillcroft Place				
City: Jackson	State: MS	Zip: 39211		
Contact: Elton Smith			Tel: 601-232-0627	
OTHER OPERATOR: Anderson Environmental Services				
Address: 870 Foley St.				
City: Jackson	State: MS	Zip: 39202		
Contact: Daryl Anderson 601-940-4644				
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 - MARCH. 12,2020 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
		Category I	Category II	
Pipes	Living RM wall Transite Pipe 12 Tier			LnFt: 6 Ln M:
Surface Area				SqFt: Sq M:
Vol RACM Off Facility Component				CuFt: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-21-21			Complete: 9-21-21	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-21-21			Complete: 9-22-21	

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

Tracks, Hdr, Skid Steer Dump Trucks & Roll-off Trucks/Dumpsters

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

Wet Method, Plastic Seal Bag, Seal Roll-off Dumpster

XII. WASTE TRANSPORTER #1

Republic Services

Name: Scott Johnson

Address: 1035 Old Brandon Rd

City: Flowood

State: MS

Zip: 39232

Contact Person: "Scott"

Tel: 601-906-4606

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Land Fill - Shane Ballard

Address: 1716 E 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: ROBERT BRUNSON

Title: Code Enforcement Supervisor

Authority: CITY OF JACKSON

Date of Order (MM/DD/YY): 9/8/21

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 CRUMBLLED, 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.

Elton Smith
Type or Print Name

Elton Smith
(Signature of Owner/Operator)

9-9-21
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Elton Smith
Type or Print Name

Elton Smith
(Signature of Owner/Operator)

9-9-21
(Date)

Landroll Detail

Parcel Number 215-122	Map Reference Number 728.00 1 131.00
Subdivision No. 1834	Homestead Exemption Account Numbers
Assessed Owner STATE OF MISS	Assessed Values Land Value 0 Improvement Value 0 Total 0
Location 1816 WALTHAM ST	Appraised Values Land Value 0 Improvement Value 0 Total 0
Legal Description LOT 3 WALTHAM SUBN MATURED FOR 2015 TAXES	Building Info. Type RES Base Area 1,028 Adjusted Area 1,159 Year Built 1955
Acreage Info.	Deed Info.
Cultivated Acres 0.00 Uncultivated Acres 0.00	Book & Page - Date 00/00/0000

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