

REV#2

# 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)		
		4.20.2022			
I. Type of Notification (O= Original R=Revised C=Canceled A= Annual) <input checked="" type="radio"/> R#2					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: Jackson Enterprise Center					
Address: 931 US Highway 80					
City: Jackson	State: MS	Zip: 39204			
Site Location:		Tel:			
Building Size: N/A	# of Floors: 2 floors	Age in Years: 82			
Present Use: Vacant	Prior Use: Vacant				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: H5-C2 Mississippi Project, LLC					
Address: 40151 River Winds CT					
City: Gonzales	State: LA	Zip: 70817			
Contact: Roderick Aguilard	Tel: Rda31st@gmail.com				
REMOVAL CONTRACTOR: Forrest Construction LLC					
Address: 541 Baywood Rd					
City: Jackson	State: MS	Zip: 39204			
Contact: Dorian or Richard Forrest	Tel: 601 720-7281				
OTHER OPERATOR:					
Address: P.S.S					
City: 1219 Purpera Ave, Gonzales	State: LA	Zip: <del>70757</del> 70707			
Contact: 225-270-7684					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Chris Pearson, Pearson Environments, 4/14/22					
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	Flow filter stack/rack			LnFL: 25,000 FT	Ln M:
Surface Area				SqFL: 10,000 Sq Ft	Sq M:
Vol RACM Off Facility Component				CuFL:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/20/22 4/20/22 Complete: 8/29/22					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: Complete:					

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DEPT. OF ENVIRONMENTAL QUALITY

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

Wet method

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

poly doors and windows, Build containment

XII. WASTE TRANSPORTER #1

Name: Forest Construction LLC

Address: 541 Raymond rd

City: Jackson

State: MS

Zip: 39204

Contact Person: Darius or Richard Forest

Tel: 601 720-7281

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Republic Services Little Dixie Landfill

Address: 1716 W County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Tel:

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

Name: Jackson Health Department

Title:

Authority: Department with jurisdiction

Date of Order (MM/DD/YY): 04-19-22

Date Ordered to Begin (MM/DD/YY): 04/30/22

XV. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): 04-19-22

Description of the sudden unexpected event: call MDEQ

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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Wet method, call MDEQ

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.

Darius Forest  
Type or Print Name

*[Signature]*  
(Signature of Owner/Operator)

3/14/22  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darius Forest  
Type or Print Name

*[Signature]*  
(Signature of Owner/Operator)

3/14/22  
(Date)