

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project #	Postmark <i>Hand Delivered</i>	Date Received (MDEQ use only) <i>4/26/22</i>	Notification # (MDEQ use only)		
I. Type of Notification (C=Original R=Revised C=Canceled A= Annual) <input type="radio"/>					
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: City of Meridian					
Address 1. 2607 St. Andrews street, 2. 2022 48th Ave, 3 1512 11th ave, 4 3711 Paulding Street, 5. 3721 Paulding street, 6 202 59th ave, 7 1921 29th ave					
City: Meridian	State: Ms	Zip: 39301, 39307			
Site Location: city of meridian			Tel:		
Building Size: n/a	# of Floors: n/a	Age in Years: n/a			
Present Use: vacant	Prior Use: residential				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: City of Meridian					
Address:					
City:	State:	Zip:			
Contact:			Tel:		
REMOVAL CONTRACTOR: Forrest Construction LLC					
Address: 591 raymond rd					
City: Jackson	State: MS	Zip: 39204			
Contact: Richard or Darius Forrest			Tel: 6017207281		
OTHER OPERATOR: Construction Plus, LLC					
Address: 2326 Front Street Po Box 4344					
City: Meridian	State: Ms	Zip: 39304			
Contact: lmconstructionplus@att.net					
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):					
Paul Anderson Environmental					
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	Siding, floor tile			Sq Ft: 8,400	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/10/22 Complete: 7/10/22					
IX. SCHEDULED DATE(S) DEMO/RENOVATION (MM/DD/YY) Start: 5/12/22 Complete: 7/10/22					

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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: Forrest Construction LLC

Address: 591 raymond

City: Jackson

State: MS

Zip: 39204

Contact Person: richard or darius forrest

Tel: 7692168741

WASTE TRANSPORTER #2

Name: Construction Plus, LLC

Address: 2326 Front Street Po Box4344

City: Meridian

State: Ms

Zip: 39204

Contact Person: lmconstructionplus@att.net

Tel:

XIII. WASTE DISPOSAL SITE

Name: Clearview Landfill

Address: 2253 Mudline Road

City: Lake

State: MS

Zip: 39092

Tel:

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

Name: n/a

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: 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 CRUMBLD, 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 Forrest

Type or Print Name

(Signature of Owner/Operator)

4/26/22

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darius Forrest

Type or Print Name

(Signature of Owner/Operator)

4/26/22

(Date)