

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: 5/3/22	AI Number
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: City of Meridian				
Address: 3711 Paulding street, 3721 Paulding street				
City: Meridian		State: Ms	Zip: 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, asbestos removal contractor, and other operator)				
OWNER NAME: City of meridian				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
ASBESTOS REMOVAL CONTRACTOR: Forrest Construction LLC/ Darius Forrest				
Address: 591 raymond rd				
City: Jackson		State: Ms	Zip: 39204	
Contact: Richard or Darius Forrest			Tel: 6017207281	
Certification Number: ABC-00008477			Expiration Date: 7/4/22	
OTHER OPERATOR: Construction Plus, LLC				
Address: 2326 Front Street Po Box 4344				
City: Meridian		State: Ms	Zip: 39304	
Contact: lmconstructionplus@att.net			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes			Inspection Date:	
Inspector: Paul anderson environmental		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Lab tests.				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): siding/floor tile 1300	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:			Category II: <input checked="" type="checkbox"/>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5/10/22			Complete: 7/10/22	
X. SCHEDULED DATE: DEMO/RENOVATION (MM/DD/YY) Start: 5/12/22			Complete: 7/10/22	

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

XII. 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

XIII. 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 box 4344

City: Meridian

State: MS

Zip: 39204

Contact Person: lmco rstructionplus@att.net

Tel:

XIV. WASTE DISPOSAL SITE

Name: Clearview Landfill

Address: 2253 Mudline Road

City: Lake

State: MS

Zip: 39092

Contact Person:

Tel:

XV. 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):

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:
call mdeq

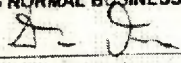
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:
n/a

XVII. 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:
wet method, call MDEQ

XVIII. 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)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Darius Forrest

Type or Print Name


(Signature of Owner/Operator)

4/26/22

(Date)