

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 type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: 9.1.2022	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Original				
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: Residential Home				
Address: 170 Louisiana Avenue				
City: Jackson		State: MS	Zip: 39209	RECEIVED SEP 01 2022 Dept. of Environmental Quality
Site Location: same as above		Tel:		
Building Size: 1100 sq.ft.		# of Floors: 1	Age in Years: 50 plus	
Present Use: Vacant		Prior Use: Residential		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Revitalize Mississippi				
Address: 210 E Capitol Street / Suite 1215				
City: Jackson		State: MS	Zip: 39201	Tel: 601 500-1508
Contact: Andy Frame				
ASBESTOS REMOVAL CONTRACTOR: Bestway Abatement				
Address: 222 Vicksburg St. P.O. Box 88				
City: Edwards		State: MS	Zip: 39066	Tel: 601 383-3237
Contact: Aaron Lee				
Certification Number: ABC-00002924		Expiration Date: 10/29/2022		
OTHER OPERATOR: Perkin Properties, LLC				
Address: P.O. Box 1434				
City: Jackson		State: MS	Zip: 39215	Tel: 601 529-0222
Contact: Clifton Scott				
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 7/7/2022	
Inspector: Chris Pearson		Certification Number: ABI-00002023	Expiration Date: 11/6/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
siding vinyl Polarized Light Microscopy				
VII. QUANTITY OF RACM TO BE REMOVED: 960 sq. ft.				
Pipes (LN FT):	Surface Area (SQ FT): 960 sq. ft.		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/15/2022			Complete: 9/17/2022	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:			Complete:	

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

Demolition

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

Wet Method

XIII. WASTE TRANSPORTER #1

Name: *Bestway Abatement*
 Address: *222 Vicksburg St. / P.O. Box 88*
 City: *Edwards* State: *MS* Zip: *39066*
 Contact Person: *Aaron Lee* Tel: *601 383-3287*

WASTE TRANSPORTER #2

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person: _____ Tel: _____

XIV. WASTE DISPOSAL SITE

Name: *Little Dixie Landfill*
 Address: *1716 N County Line Rd.*
 City: *Ridgeland* State: *MS* Zip: *39157*
 Contact Person: _____ Tel: *601 982-9488*

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

Name: _____ Title: _____
 Authority: *N/A*
 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: _____

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

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:

Stop and call DEG

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.

Aaron Lee *Aaron Lee* *9/1/2022*
 Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Aaron Lee *Aaron Lee* *9/1/2022*
 Type or Print Name (Signature of Owner/Operator) (Date)