

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 checked="" type="checkbox"/> Mail <input 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: 164 Louisiana Avenue				
City: Jackson	State: MS	Zip: 39209	RECEIVED SEP 01 2022	
Site Location: same as above		Tel:	Environmental Quality	
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		
Contact: Andy Frame	Tel: 601 500-1508			
ASBESTOS REMOVAL CONTRACTOR: Bestway Abatement				
Address: 222 Vicksburg St. / P.O. Box 88				
City: Edwards	State: MS	Zip: 39066		
Contact: Aaron Lee	Tel: 601 383-3237			
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		
Contact: Clifton Scott	Tel: 601 529-0222			
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: APT-00002023	Expiration Date: 1/6/2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
siding		black mastic in kitchen		
bathroom vinyl		Polarized Light Microscopy		
North side duplex sheet vinyl				
VII. QUANTITY OF RACM TO BE REMOVED: 1250 sq ft				
Pipes (LN FT):	Surface Area (SQ FT): 1250 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: 9/17/2022		Complete: 9/20/2022		
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: 601-383-3237

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:

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 DEQ

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

Type or Print Name

(Signature of Owner/Operator)

9/1/2022

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee

Type or Print Name

(Signature of Owner/Operator)

9/1/2022

(Date)