

# 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) <b>9.7.2022</b>	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number) <b>house</b>				
Bldg. Name: <b>house</b>				
Address <b>1207 Violet St</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39213</b>		
Site Location:		Tel:		
Building Size <b>1500sf+/-</b>	# of Floors: <b>1</b>	Age in Years: <b>40+/-</b>		
Present Use: <b>Vacant</b>	Prior Use: <b>same</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>Brad Fountain (Representative)</b>				
Address: <b>5655 Highway 18</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39209</b>		
Contact: <b>Brad Fountain</b>	Tel: <b>601373-4162</b>			
REMOVAL CONTRACTOR <b>EMP</b>				
Address: <b>PO BOX 9361</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39286-9361</b>		
Contact: <b>Al Martin</b>	Tel: <b>601 922-1919</b>			
OTHER OPERATOR: <b>Fountain Construction (Demolition)</b>				
Address: <b>5655 Highway 18</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39209</b>		
Contact: <b>Brad Fountain</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <b>Alfred Martin, Jr. 8.30.22</b>				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT
Pipes				Ln Ft:      Ln M:
Surface Area		Transite Siding, Window Putty		Sq Ft: Appr. 750sf      Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9/20/22</b>		Complete: <b>9/20/22</b>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9/22/22</b>		Complete: <b>10/31/22</b>		

**RECEIVED**

SEP 07 2022

DEPT. OF ENVIRONMENTAL QUALITY

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

**Wet removal**

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

XII. WASTE TRANSPORTER #1 **EMP**

Name: **EMP**

Address: **PO BOX 9361**

City: **Jackson**

State: **MS**

Zip: **39286**

Contact Person: **Alfred Martin**

Tel: **601922-1919**

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE **Little Dixie**

Name: **Republic**

Address: **West County Line Rd.**

City: **Ridgeland**

State: **MS**

Zip: **39157**

Tel: **601 982-9488**

XIV. 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):

XV. 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:

XVI. 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:

**Shut down project**

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.

**Alfred Martin, Jr., Ph.D.**

Type or Print Name

(Signature of Owner/Operator)

**9.6.22**

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

**Alfred Martin, Jr., Ph.D.**

Type or Print Name

(Signature of Owner/Operator)

**9.6.22**

(Date)