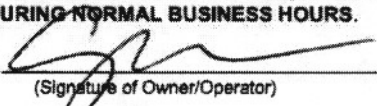
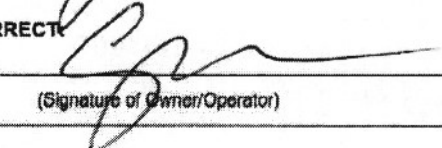


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 10.11.2022	Alt 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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Jackson federal credit union-formally regions bank				
Address: 204 clinton blvd.				
City: clinton	State: ms	Zip: 39056		
Site Location: 204 clinton blvd. clinton ms			Tel: n/a	
Building Size: 3206 sq ft	# of Floors: 1	Age in Years: 49		
Present Use: not in use	Prior Use: bank			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: jackson federal credit union				
Address: 5675 hwy 18 w				
City: jackson	State: ms	Zip: 39209		
Contact: leigh bridges or lauren cox			Tel: 601-922-7055 x 237 or x 235	
ASBESTOS REMOVAL CONTRACTOR: pearson environmental				
Address: 130 southpointe dr ste. J				
City: byram	State: ms	Zip: 39272		
Contact: chris pearson			Tel: 601-937-1186	
Certification Number: ABC-00005297		Expiration Date: 1/5/23		
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:	Tel:			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes		Inspection Date: sept. 15, 2022		
Inspector: chris pearson	Certification Number: ABI-00002023	Expiration Date: 1/6/23		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: sheetrock/joint compound, floor tile and mastic, ceiling tile, caulking, surfacing material (interior and exterior) and roofing materials were all sampled and relinquished to a laboratory for PLM analysis.				
VII. QUANTITY OF RACM TO BE REMOVED: estimated 500 sq. ft.				
Pipes (LN FT):	Surface Area (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: 10/14/22		Complete: 10/17/22		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10/18/22		Complete: 11/18/22		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: hand tools-walls/flooring removed		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: containment set up nder negative pressure-wet method removal		
XIII. WASTE TRANSPORTER #1		
Name: pearson environmental		
Address: 130 southpointe dr. ste. j		
City: byram	State: ms	Zip: 39272
Contact Person: chris pearson	Tel: 601937-1186	
WASTE TRANSPORTER #2		
Name: pearson environmental		
Address: 130 southpointe dr. ste. J		
City: byram	State: ms	Zip: 39272
Contact Person: chris pearson	Tel: 601-937-1186	
XIV. WASTE DISPOSAL SITE		
Name: little dixie landfill		
Address: 1716 N. county line rd		
City: ridgeland	State: ms	Zip: 39157
Contact Person: mike raley	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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER: work will stop/ additional containment set up/ additional air monitoring/ keep wet		
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.		
chris pearson		10-11-22
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT		
chris pearson		10-11-22
Type or Print Name	(Signature of Owner/Operator)	(Date)