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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)	Notification # (MDEQ use only)
		11·10·2022	

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O

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: House			
Address: 706 E Northside Drive			
City: Jackson	State: MS	Zip: 392	
Site Location: Jackson		Tel:	
Building Size: 3500 SF	# of Floors: 1	Age in Years: 40 plus	
Present Use: Residence	Prior Use: Vacant		

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: New Redeemer church			
Address: 640 Northside Drive			
City: Jackson	State: MS	Zip: 39206	
Contact: Kelly Monagon		Tel: 601-624-8893	
REMOVAL CONTRACTOR: Socrates Garrett Enterprises			
Address: 2659 Livingston Road			
City: Jackson	State: MS	Zip: 39213	
Contact: Joseph Antoine		Tel: 601-212-9555	
OTHER OPERATOR:			
Address:			
City:	State:	Zip:	
Contact:			

V. IS ASBESTOS PRESENT? (Yes/No) Yes

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): PLM

Nick E. Pearson 10/30/2022

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed: Category I	Nonfriable Asbestos Material Not To Be Removed: Category II	Indicate Unit of Measurement Below: UNIT	
Pipes				LnFt:	Ln M:
Surface Area	Stippled Ceiling ✓	✓	Linoleum 596 SF ✓	SqFt: 1,110	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11-24-2022 Complete: 11-26-2022

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11-26-2022 Complete: 12-26-2022

RECEIVED
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DEPT. OF ENVIRONMENTAL QUALITY

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

Abatement + Demo

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

Keep material wet

XII. WASTE TRANSPORTER #1

Name: Socpater Garrett Enterprises		
Address: 2659 Livingston Road		
City: Jackson	State: MS	Zip: 39213
Contact Person: Joseph Antoine		Tel: 601-212-9555

WASTE TRANSPORTER #2

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

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill		
Address: 1716 North County Line Road		
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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP work notify DEQ

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.

Joseph Antoine — Joseph Antoine — 11/10/2022

Type or Print Name — (Signature of Owner/Operator) — (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine — Joseph Antoine — 11/10/2022

Type or Print Name — (Signature of Owner/Operator) — (Date)