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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 2-22-23	AI Number
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): RICHLAND APARTMENTS				
Bldg. Name: A, B, C, D, E, F AND CLUBHOUSE				
Address: 615 INDUSTRIAL DRIVE				
City: RICHLAND		State: MS	Zip: 39218	
Site Location:			Tel:	
Building Size: +/- 14000sf		# of Floors:	Age in Years: + 50	
Present Use: Library		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: RICHLAND APARTMENTS				
Address: 615 INDUSTRIAL DRIVE				
City: RICHLAND		State: MS	Zip: 39218	
Contact:			Tel:	
ASBESTOS REMOVAL CONTRACTOR: Anderson Environmental Services, INC				
Address: 783 Harris Street				
City: Jackson		State: MS	Zip: 39202	
Contact: Daryl Anderson		Tel: 601-940-4644		
Certification Number:			Expiration Date:	
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: 12/14/2020	
Inspector: P. ANDERSON		Certification Number: ABI-00001686	Expiration Date: 7/8/2021	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: WALLS, FLOORS AND CEILINGS AND ANALYSED BY POLARISED LIGHT MICROSCOPY				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT): 36250	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: FLOOR TILE MASTIC 9311 SF			Category II: PAINT ON SHEETROCK 36250 SF	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/14/2023			Complete: 9/1/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/21/2023			Complete: 9/1/2023	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
RENOVATING APARTMENT UNITS		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
AREA TO BE PLACED IN CONTAINMENT AND REMOVED USING WET METHOD		
XIII. WASTE TRANSPORTER #1		
Name: Anderson Environmental Service		
Address: 783 Harris Street		
City: Jackson	State: MS	Zip: 39202
Contact Person: Daryl Anderson	Tel: 601-940-4644	
WASTE TRANSPORTER #2		
Name: Waste Pro		
Address: 517 Methodist Home Rd		
City: Jackson	State: MS	Zip: 39213
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE LITTLE DIXIE LAND FILL		
Name:		
Address: 1716 N COUNTYLINE ROAD		
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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:		
STOP ALL WORK AND NOTIFY PROPER AUTHORITIES.		
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.		
DARYL ANDERSON		1/31/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
DARYL ANDERSON		1/31/2023
Type or Print Name	(Signature of Owner/Operator)	(Date)