

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 07-25-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <u>Revised</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>D</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: <u>515 Mitchell St. (HOUSE)</u>				
Address: <u>515 Mitchell St</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39216</u>	
Site Location:			Tel: <u>601 713-1128</u>	
Building Size: <u>1,500sf</u>		# of Floors: <u>1</u>	Age in Years: <u>40+</u>	
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <u>Eldon Development</u>				
Address: <u>2915 North State St.</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39216</u>	
Contact: <u>TIm Dean</u>			Tel: <u>601 988-5271</u>	
ASBESTOS REMOVAL CONTRACTOR: <u>EMP</u>				
Address: <u>PO Box 9361</u>				
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39286</u>	
Contact: <u>Alfred Martin</u>			Tel: <u>601 922-1919</u>	
Certification Number: <u>ABC 1568</u>			Expiration Date: <u>3/11/24</u>	
OTHER OPERATOR: <u>Faircloth Demolition</u>				
Address: <u>P.O. box 1296</u>				
City: <u>Clinton</u>		State: <u>MS</u>	Zip: <u>39060</u>	
Contact: <u>Mark Parkman</u>			Tel: <u>601-573-3762</u>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>Yes</u>				
WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>			Inspection Date: <u>9/2022</u>	
Inspector: <u>Alfred Martin</u>		Certification Number: <u>ABI 1570</u>	Expiration Date: <u>3/17/2024</u>	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <u>Siding, TJC, Roofing, Drywall, VCT, Mastic</u> <u>PLM method</u>				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <u>Appr. 1,500sf transite siding</u>			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>August 1, 2023</u>			Complete: <u>August 4, 2023</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>August 7, 2023 (TBD)</u>			Complete: <u>August 30, 2023</u>	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Wet removal of transite siding. Regular demolition method as per state regulations.

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Wet removal. Bag properly and dispose of at MDEQ landfill.

XIII. WASTE TRANSPORTER #1

Name: EMP
Address: PO BOX 9361
City: Jackson State: MS Zip: 39286
Contact Person: Alfred Martin Tel: 601 922-1919

WASTE TRANSPORTER #2

Name: American Disposal Service
Address: P.O. Box 1296
City: Clinton State: MS Zip: 39060
Contact Person: Mark Parkman Tel: 601-573-3762

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Faircloth Rubbish Landfill
Address: County Line Road 132 Springsidge Rd Clinton, MS 39056
City: Madison State: MS Zip: 39157 Mark Parkman
Contact Person: Mike Railey Tel: 601 982-9488 601-573-3762

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:
Work Halted and reinspected. Review MDEQ notification.

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.

Alfred Martin / Mark Parkman (Signature of Owner/Operator) 7/18/23 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:
Alfred Martin / Mark Parkman (Signature of Owner/Operator) 7/18/23 (Date)