MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: ★mail □Mail □Hand Delivery	simerk (mail only)	erk (mail only) Date 6/		024	A! Number				
! 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):									
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):									
Bldg. Name: Abandon House									
Address: 138 Bell Street Jackson, MS									
City: Jackson	State: MS			Zip: 39202					
Site Location: Exterior of House				Tel: 601-354-5373					
Building Size: Approx. 1340sf				Age in Years: 40+					
Present Use: Abandon House	Prior	Prior Use: House							
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)									
OWNER NAME: Midtown Partners									
Address: 329 Adelle St, Jackson, MS 39202									
City: Jackson State: MS			Zip: 39202						
Contact: Carter Terrell				Tel:: (601) 354-5373 (225)316-0674					
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL									
Address: 783 HARRIS STREET									
City: JACKSON			_{Zip:} 39202						
Contact: DARYL ANDERSON				Tel: 601-354-4400					
Certification Number: ABC-00002173			Expiration	xpiration Date: 10-27-24					
OTHER OPERATOR: Four Seasons Enterprises LLC									
Address: 5822 Canton Park Drive									
City: Jackson	State: MS			Zip: 39211					
Contact: Robert Love				Tel: 601-331-2828					
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes									
WAS ASBESTOS PRESENT? (Yes/No): Yes Inspec			Inspection	ion Date: 7-27-2023					
Inspector: Alfred Martin Certification Number: ABI-00001570 Expiration Date: 03/17/2024 3/15/2025									
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floors, ceilings, roof, walls, windows, ectno insulated pipes found									
Procedure PLM-Polarized Light Microscopy									
VII. QUANTITY OF RACM TO BE REMOVED: 900sf of transite siding									
Pipes (LN FT): Surface Area (SQ FT):				Volume of Facility Components (CU FT):					
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:									
Category I:									
IX SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start 6-20-24									
x. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6-22-24 Complete: 6-30-24									

VI PEGOPIPEION OF BUILDING STORES									
XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Demolition of abandon house									
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE									
DEMOLITION OR RENOVATION SITE:									
Area barricaded off with asbestos danger tape, material kept wet and placed in acm bags for disposal									
XIII. WASTE TRANSPORTER #1									
Name: Anderson Environmental									
Address: 783 Harris Street									
City: Jackson	State: MS		Zip: 39202						
Contact Person: Daryl Anderson Tel: (601) 354-4400									
WASTE TRANSPORTER #2									
Name:									
Address:									
City:	State:		Zip:						
Contact Person:			Tel:						
XIV. WASTE DISPOSAL SITE									
Name: Republic Service Little Dixie Landfill									
Address: 1716 North County Line, Ridgeland, MS 39157									
_{City:} Ridgeland	State: MS		Zip: 39157						
Contact Person: Mike Raley			Tel: 601-982-9488						
XV, IF DEMOLITION ORDERED BY A GOVERNMENT AGEN	CY, PLEASE IDENT	IFY THE /	AGENCY BELOW:						
Name:									
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: Halt all work and notify the proper authority									
, and proper additions,	,								
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PR	OVISIONS OF THIS	DECI!! A	TION (40 CER RADT 6	4 CUDDADTEN MULL DE					
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	Pre			6-06-24					
Type or Print Name	(Signature of Owner/O	perator)		(Date)					
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: DARYL ANDERSON 6-06-24									
Type or Print Name	(Signature of Owner/Operator)			(Date)					