

REV

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

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|---|--|------------------------------------|--|--------------------|
| MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery | | Postmark (mail only) | Date Received 6/21/2024 | AI Number 85466 |
| 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): D | | | | |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): | | | | |
| Bldg. Name: Residential House | | | | |
| Address: 2823 OXFORD AVE | | | | |
| City: JACKSON | | State: MS | Zip: 39216 | |
| Site Location: Same as above | | | Tel: | |
| Building Size: 1045 | | # of Floors: 1 | Age in Years: 83 | |
| Present Use: | | Prior Use: | | |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator) | | | | |
| OWNER NAME: ALTUWAITI WALEED H | | | | |
| Address: 1217 CHERRY ST | | | | |
| City: VICKSBURG | | State: MS | Zip: 39183 | |
| Contact: City of Jackson | | | Tel: | |
| ASBESTOS REMOVAL CONTRACTOR: Bestway Abatement | | | | |
| Address: 400 Front St | | | | |
| City: Edwards | | State: MS | Zip: 39066 | |
| Contact: Aaron Lee | | | Tel: (601) 383-3237 | |
| Certification Number: ABC-00002924 | | | Expiration Date: 09/29/2024 | |
| OTHER OPERATOR: XQUISITE LAWCARE | | | | |
| Address: 210 MEADOWBROOK RD, STE 102 | | | | |
| City: JACKSON | | State: MS | Zip: 39206 | |
| Contact: STEVEN JONES | | | Tel: 769-226-9237 OR 601-540-1139 | |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES | | | | |
| WAS ASBESTOS PRESENT? (Yes/No): YES | | | Inspection Date: 11/15/2022 | |
| Inspector: JAMES BENNETT | | Certification Number: ABI-00011875 | Expiration Date: 11/23/2023 | |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EAS) FELT PAER, SHINGLES, SIDING | | | | |
| VII. QUANTITY OF RACM TO BE REMOVED: Transite siding | | | | |
| Pipes (LN FT): | | Surface Area (SQ FT): 1045 | 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: 07/03/2024 | | | Complete: 07/05/2024 | |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/06/2024 | | | Complete: 07/13/2024 | |

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

ABATEMENT AND DEMO OF ABANDONED 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 WITH ASBESTOS SIGNS AND DANGER TAPE; REMOVED USING WET METHOD AND AMC AND POLY.

XIII. WASTE TRANSPORTER #1

Name: XQUISITE LAWNCARE

Address: 210 MEADOWBROOK RD, STE 102

City: JACKSON

State: MS

Zip: 39206

Contact Person: STEVEN JONES

Tel: 769-226-9237 OR 601-540-1139

WASTE TRANSPORTER #2

Name: SAME AS ABOVE

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: ALLIED LITTLE DIXIE LANDFILL

Address: 1718 N COUNTYLINE RD

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: SAMANTHA GRAVES

Title: MANAGER

Authority: CITY OF JACKSON

Date of Order (MM/DD/YY): 05/30/2024

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:

STRUCTURE IS A MENACE TO THE PUBLIC SAFETY AND THE WELFARE OF THE COMMUNITY, POSES DANGER TO SCHOOL CHILDREN AT BUS STOP & PROSTITUTION

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:

HALT 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.

Steven Jones

Type or Print Name

(Signature of Owner/Operator)

06/21/2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Steven Jones

Type or Print Name

(Signature of Owner/Operator)

06/21/2024

(Date)