



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 3/21/2025	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):				
Bldg. Name: Residence per Contractor				
Address: 3026 N State St				
City: Jackson		State: MS	Zip: 39216	
Site Location: Den		Tel: 601.624.3227		
Building Size: Approx. 1700sf		# of Floors: 1	Age in Years: 40+	
Present Use: Residence		Prior Use: Residence		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: St. Luke UMC and Overby Inc.				
Address: St. Luke Methodist Church and Overby, Inc. P.O. Box 4644 Jackson, MS 39296				
City: Jackson		State: MS	Zip: 39296	
Contact: Sterling McCool		Tel: 601.624.3227		
ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL				
Address: 783 HARRIS STREET				
City: JACKSON		State: MS	Zip: 39202	
Contact: DARYL ANDERSON		Tel: 601-354-4400		
Certification Number: ABC-00002173		Expiration Date: 11-12-25		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No				
WAS ASBESTOS PRESENT? (Yes/No): Yes Presumed 9x9 floor tile		Inspection Date:		
Inspector:	Certification Number:	Expiration Date:		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: 9x9 floor tile and mastic presumed ACM				
VII. QUANTITY OF RACM TO BE REMOVED: 1500sf floor tile and mastic				
Pipes (LN FT):	Surface Area (SQ FT):	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: 04-2-25		Complete: 4-05-25		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-06-25		Complete: 4-15-25		

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
Renovate floor		
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, put under negative pressure, 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 Republic		
Name: Little Dixie Landfill		
Address: 1716 E County Line Rd Ridgeland, MS 39157		
City: Ridgeland	State: MS	Zip: 39157
Contact Person: Landfill Manager	Tel: 601-483-0715	
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:		
Halt all work and notify the proper authority		
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		03-20-24
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
DARYL ANDERSON		03-20-24
Type or Print Name	(Signature of Owner/Operator)	(Date)