

# 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 02-12-2024		AI Number	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: <b>City of Jackson Arts Center/Planetarium</b>							
Address: <b>225 E. Pascagoula St.</b>							
City: <b>Jackson</b>		State: <b>MS</b>		Zip: <b>39201</b>		County: <b>Hinds</b>	
Site Location: <b>2 Stairwells and 2 Elevator entry areas (Planetarium)</b>				Tel: <b>601 960-1537</b>			
Building Size: <b>50,000sf +/-</b>		# of Floors: <b>2</b>		Age in Years: <b>40+</b>			
Present Use: <b>Planetarium/Arts Center</b>		Prior Use: <b>same</b>					
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)							
OWNER NAME: <b>City of Jackson</b>							
Address: <b>225 E. Pascagoula</b>							
City: <b>Jackson</b>		State: <b>MS</b>		Zip: <b>39210</b>			
Contact: <b>Joey Howell (Fountain Construction)</b>				Tel: <b>601 376-4334</b>			
ASBESTOS REMOVAL CONTRACTOR: <b>EMP</b>							
Address: <b>PO BOX 9361</b>							
City: <b>jackson</b>		State: <b>MS</b>		Zip: <b>39286</b>			
Contact: <b>Alfred Martin</b>				Tel: <b>601 922-1919</b>			
Certification Number: <b>ABC 1568</b>				Expiration Date: <b>3/16/24</b>			
OTHER OPERATOR: <b>Fountain Construction</b>							
Address: <b>5655 MS 18</b>							
City: <b>Jackson</b>		State: <b>MS</b>		Zip: <b>39206</b>			
Contact: <b>Joey Howell</b>				Tel: <b>601 376-4334</b>			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <b>Yes</b>							
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>				Inspection Date: <b>2/6/23</b>			
Inspector: <b>Alfred Martin</b>		Certification Number: <b>ABI 1570</b>		Expiration Date: <b>3/17/24</b>			
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:							
Floor Tile and Mastic							
Cove Base							
(Visual - Assuming Positive)							
(PLM from previous inspection)							
VII. QUANTITY OF RACM TO BE REMOVED: <b>Floor tile and mastic</b>							
Pipes (LN FT):		Surface Area (SQ FT): <b>Appr. 512sf</b>		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: <b>2/15/24</b>				Complete: <b>2/16/24</b>			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>Ongoing</b>				Complete:			

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

**Floor tile and mastic removal**

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**

**Wet Removal. Proper bag and disposal. Manifest to 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:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: **Little Dixie Landfill**

Address: **1716 W. County Line Rd.**

City: **Ridgeland**

State: **MS**

Zip: **39157**

Contact Person:

Tel:

**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 for further inspection.**

**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

Type or Print Name

(Signature of Owner/Operator)

2.12.24

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Alfred Martin

Type or Print Name

(Signature of Owner/Operator)

2.12.24

(Date)