REV

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: ☒Email ☐Mail ☐Hand Delivery	Postmark (mail only)	Date Received 02/15/2024	AI Number

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: Abandon House

Address: 116 Noel Street Jackson, MS

City: Jackson	State: MS	Zip: 39202
Site Location: Exterior of House		Tel: 601-354-5373
Building Size: Approx. 1200sf	# of Floors: 1	Age in Years: 40+
Present Use: Abandon House	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	State: MS	Zip: 39202
Contact: DARYL ANDERSON		Tel: 601-354-4400
Certification Number: ABC-00002173	Expiration 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	Inspection Date: 7-27-2023	
Inspector: Alfred Martin	Certification Number: ABI-00001570	Expiration Date: 03/17/2024

VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Floors, ceilings, roof, walls, windows, ect..no insulated pipes found

Procedure PLM-Polarized Light Microscopy

VII. QUANTITY OF RACM TO BE REMOVED: 600sf 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:	Category II:

IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-26-24 Complete: 2-26-24

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2-27-24 Complete: 2-30-24

03-30-24 per other operator

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: Landfill Manager		Tel: 601-982-9488

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 ASTESTOS 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		2-15-24
Type or Print Name	(Signature of Owner/Operator)	(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DARYL ANDERSON		2-15-24
Type or Print Name	(Signature of Owner/Operator)	(Date)