

# 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 <b>3/26/2024</b>	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>Meadowview Apartments</b>				
Address: <b>100 Brook Road, Baldwin, MS</b>				
City: <b>Baldwin</b>	State: <b>MS</b>	Zip: <b>38824</b>		
Site Location: <b>Apartment Units A-F</b>			Tel: <b>(601) 924-7632</b>	
Building Size: <b>Approx. 21,115sf</b>	# of Floors: <b>2</b>	Age in Years: <b>45+</b>		
Present Use: <b>Apartment Building</b>	Prior Use: <b>Apartment Building</b>			
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>Gulf Coast Housing Partnership, Inc</b>				
Address: <b>3304 North State St., Ste. 101</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39216</b>		
Contact: <b>Leah L</b>	Tel: <b>(601) 316-3692</b>			
ASBESTOS REMOVAL CONTRACTOR: <b>ANDERSON ENVIRONMENTAL</b>				
Address: <b>783 HARRIS STREET</b>				
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39202</b>		
Contact: <b>DARYL ANDERSON</b>	Tel: <b>601-354-4400</b>			
Certification Number: <b>ABC-00002173</b>	Expiration Date: <b>10-27-24</b>			
OTHER OPERATOR: <b>New Horizon Development</b>				
Address: <b>149 Concourse Dr, Jackson, MS 39208</b>				
City: <b>Pearl</b>	State: <b>MS</b>	Zip: <b>39208</b>		
Contact: <b>Nick Provias</b>	Tel: <b>(601) 932-1739</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>09-26-2023</b>	
Inspector: <b>Paul Anderson</b>	Certification Number: <b>ABI-00001686</b>	Expiration Date: <b>6-09-24</b>		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: <b>Floors, walls, ceilings, roofs, windows, pipes</b>  <b>PLM - EHS Laboratories</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>18,000sf of floor tile and mastic</b>				
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: <b>4-10-24</b>			Complete: <b>5-30-24</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>4-20-24</b>			Complete: <b>10-30-24</b>	

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

**XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:**  
Area contained, placed under negative air, material kept wet and placed in acm bags for disposal

**XIII. WASTE TRANSPORTER #1**

Name: Waste Management

Address: 1649 Highway 15 North, Houston, MS 38851

City: Houston

State: MS

Zip: 38851

Contact Person: Dispatch Manager

Tel: (866) 909-4458

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Prairie Bluff Landfill

Address: 1649 Highway 15 North, Houston, MS 38851

City: Houston

State: MS

Zip: 38851

Contact Person: Landfill Manager

Tel: (866) 909-4458

**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

Type or Print Name

(Signature of Owner/Operator)

3-26-24

(Date)

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

DARYL ANDERSON

Type or Print Name

(Signature of Owner/Operator)

3-26-24

(Date)