

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 4/17/2024	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: John Arthur Eaves Law Firm			
Address: 101 North State Street			
City: Jackson	State: MS	Zip: 39201	
Site Location: Roof		Tel: (601)355-7961	
Building Size: Approx. 5700 sf	# of Floors: 2	Age in Years: 60+	
Present Use: Office Building	Prior Use: Office Building		
IV. FACILITY INFORMATION (identify owner, asbestos removal contractor, and other operator)			
OWNER NAME: John Authur Eaves			
Address: 101 North State Street			
City: Jackson	State: MS	Zip: 39201	
Contact: John Eaves III		Tel: 601-355-7961	
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: Watkins Construction			
Address: 1425 Lakeland Dr Suite 100B, Jackson, MS 39216			
City: Jackson	State: MS	Zip: 39216	
Contact: Waymond Thornton		Tel: 601-668-0835	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes			
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 4-11-24	
Inspector: Paul Anderson	Certification Number: ABI-00001686	Expiration Date: 06/09/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:			
Built-up roof PLM -EHS LABS			
VII. QUANTITY OF RACM TO BE REMOVED: Work considered Non-regulated, no sawing or dust, only manual ax and shovel used 700sf roof tar			
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: 4-19--24 Complete: 4-22-24			
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4-22-24 Complete: 4-30-24			

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

XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:
Barrier tape, ACM danger signs, material kept wet and placed in ACM bags for disposal. Work considered non-regulated, no sawing, only ax and shovels used to complete work

XIII. WASTE TRANSPORTER #1

Name: Anderson Environmental Services

Address: 783 Harris Street

City: Jackson State: MS Zip: 39202

Contact Person: Daryl Anderson Tel: (601) 601-940-4644

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIV. WASTE DISPOSAL SITE Republic Little Dixie Landfill

Name: Little Dixie Landfill

Address: 1716 North County Line,

City: Ridgeland State: MS Zip: 39157

Contact Person: Mike Raley 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 ASBESTOS MATERIAL BECOMES CRUMBLING, 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)

4-17-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

DARYL ANDERSON

Type or Print Name


(Signature of Owner/Operator)

4-17-24

(Date)