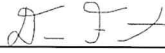
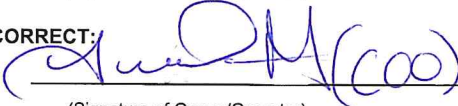


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 12/26/2024	AI Number 87946
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: Residential House				
Address: 1911 Alta woods blvd				
City: Jackson		State: MS	Zip: 39204	
Site Location: Transite Siding			Tel: N/A	
Building Size: 2,690		# of Floors: 1	Age in Years: 72	
Present Use: Residential		Prior Use: Residential		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: SDG MP LLC				
Address: 119 S president st 2nd floor				
City: Jackson		State: MS	Zip: 39204	
Contact: City of Jackson			Tel: 601960-1054 or 6019601066	
ASBESTOS REMOVAL CONTRACTOR: Forrest Construction LLC				
Address: 591 raymond rd				
City: Jackson		State: MS	Zip: 39204	
Contact: Darius Forrest			Tel: (601) 720-5684	
Certification Number: ABC-00008477			Expiration Date: 8/3/25	
OTHER OPERATOR: Socrates Garrett Enterprises + (waste transporter for DEMO)				
Address: 2659 Livingston rd				
City: Jackson		State: Ms	Zip: 39213	
Contact: Leland Garrett			Tel: 6012099199	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 06/28/24	
Inspector: Vincent McDonald		Certification Number: ABI-00011874	Expiration Date: 11/23/25	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EMSL) SHINGLES, FELT PAPER, SIDING, SIDING FELT, INSULATION, 2ND INSULATION LINOLIUM CELLING SHEETROCK, COUNTERTOP (KITCHEN)				
VII. QUANTITY OF RACM TO BE REMOVED: Transite/siding				
Pipes (LN FT):		Surface Area (SQ FT): 2,515 sq ft	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: X			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/5/24			Complete: 12/10/24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/27/24			Complete: 1/5/25	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: Demolition of structure with trachoe		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Water, Utility knife, razor scraper, spray bottle, poly sheeting, waste bags, personal protective,		
XIII. WASTE TRANSPORTER #1		
Name: forrest construction llc (Asbestos)		
Address: 591 raymond rd		
City: Jackson	State: Ms	Zip: 39204
Contact Person: Darius Forrest		Tel: (601) 720-5684
WASTE TRANSPORTER #2		
Name: Madison South Landfill (DEMO)		
Address: 2950 N. County line Rd		
City: Jackson	State: MS	Zip: 39213
Contact Person: Office		Tel: 601-981-5577
XIV. WASTE DISPOSAL SITE		
Name: Clearview landfill (Asbestos)		
Address: 2253 mudline road lake		
City: Lake	State: Ms	Zip: 39092
Contact Person: None specific		Tel: 6015363240
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: Samantha Graves		Title: Manager
Authority: City of Jackson		
Date of Order (MM/DD/YY): 10/31/24		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: Call mdeq		
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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER: Call mdeq		
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.		
Darius Forrest		12/10/24
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Jacqueline Rosado		12-26-24
Type or Print Name	(Signature of Owner/Operator)	(Date)