

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 1/23/2025	AI Number 88165
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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Leonard Court				
Bldg. Name: Unit 136				
Address: 136 Leonard Court				
City: Jackson		State: MS	Zip: 39202	
Site Location: Unit 136			Tel: 501-525-2505	
Building Size: Unknown		# of Floors: 1	Age in Years: Unknown	
Present Use: Residential		Prior Use: Residential		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Gulf Coast Housing Partnership				
Address: 1626 Oretha Castle Haley Blvd. Ste. A				
City: New Orleans		State: LA	Zip: 70113	
Contact: Mary Elizabeth Evans			Tel: 504-407-6520	
ASBESTOS REMOVAL CONTRACTOR: Snyder Environmental & Construction, LLC				
Address: 7705 Northshore Place				
City: North Little Rock		State: AR	Zip: 72118	
Contact: Justin Dixon/Andrew Ables			Tel: 501-801-2776/601-559-2185	
Certification Number: ABC-00009502			Expiration Date: 05-15-2025	
OTHER OPERATOR: N/A				
Address: N/A				
City: N/A		State: N/A	Zip: N/A	
Contact: N/A			Tel: N/A	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes			Inspection Date: 5-16-2023	
Inspector: Alfred Martin		Certification Number: ABI-1570	Expiration Date: 3/17/2024 3/15/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
530 SF of drywall/Joint compound ceiling 1,900 SF of drywall/Joint Compound walls				
See Report				
VII. QUANTITY OF RACM TO BE REMOVED: Drywall/Joint Compound				
Pipes (LN FT):		Surface Area (SQ FT): 2,430	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: 1/27/2025			Complete: 2/28/2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: N/A			Complete: N/A	

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

Materials listed to be removed by hand so facility can be renovated.

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

Materials will be wetted, during and after abatement, properly packaged, labeled and transported to a class 1 landfill for disposal.

XIII. WASTE TRANSPORTER #1 American Disposal Services

Name: ADS

Address: PO Box 1296

City: Canton

State: MS

Zip: 39060

Contact Person:

Tel: 601-925-0507

WASTE TRANSPORTER #2

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIV. WASTE DISPOSAL SITE Little Dixie Landfill

Name:

Address: 1716 North City Line Road

City: Jackson

State: MS

Zip: 39201

Contact Person:

Tel: 601-982-9488

XV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

Date Ordered to Begin (MM/DD/YY): N/A

XVI. FOR EMERGENCY RENOVATIONS:

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

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:

Wet the unexpected, make area safe and notify DEQ..

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.

Barbara McElroy

Type or Print Name

Barbara McElroy

(Signature of Owner/Operator)

1/23/2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Barbara McElroy

Type or Print Name

Barbara McElroy

(Signature of Owner/Operator)

1/23/2025

(Date)