

# 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 4/3/2025	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): R				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Commonwealth Village				
Address: 3930 Skyview Dr				
City: Jackson		State: MS	Zip: 39213	
Site Location: Unit 7d;4a and 4E-throughout			Tel: 3038170126	
Building Size:		# of Floors: 2	Age in Years: 30+	
Present Use: housing		Prior Use: housing		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MS3 Housing, LP				
Address: 2607 2nd Ave, Suite 300				
City: Seattle		State: WA	Zip: 98121	
Contact: Alex Grecu			Tel: 303-817-0126	
ASBESTOS REMOVAL CONTRACTOR: pearson environmental Svcs				
Address: 130 southpointe dr, Suite J				
City: Byram		State: MS	Zip: 39272	
Contact: chris pearson			Tel: 6019371186	
Certification Number: ABC-00005297			Expiration Date: 12-18-26	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): yes				
WAS ASBESTOS PRESENT? (Yes/No): yes			Inspection Date: May 14, 2024	
Inspector: kathryn hubicki		Certification Number: ABI-00010569	Expiration Date: 6-6-24	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Sheetrock/ joint compound; ceiling textures; VCT flooring and associated mastics PLM ANALYSIS				
VII. QUANTITY OF RACM TO BE REMOVED: 2000 sq ft VCT FLOORING				
Pipes (LN FT):		Surface Area (SQ FT): 2000	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: 2000			Category II:	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/29/25			Complete: 6/27/25	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/30/25			Complete: 7/27/25	

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

hand tools selective demolition and repairs

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

containment set up under negative pressure via HEPA scrubbers; wet method removal; all debris bagged and sealed in 6 mil. polyethylene bags (labeled)

**XIII. WASTE TRANSPORTER #1** Pearson Environmental Svcs

Name: PES

Address: 130 southpointe dr, suite J

City: byram

State: ms

Zip: 39272

Contact Person: chris pearson

Tel: 6019371186

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: Little dixie landfill- Republic services

Address: 1716 N. County line rd

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:**

work will stop; material will be kept wet with amended water and covered; inspection if necessary and additional air monitoring

**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.**

chris pearson

Type or Print Name

(Signature of Owner/Operator)

4/3/25

(Date)

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

chris pearson

Type or Print Name

(Signature of Owner/Operator)

4/3/25

(Date)