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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 <input checked="" type="checkbox"/> 05/23/2025	AI Number 84941
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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residential House				
Address: 521 Rockdale Dr				
City: Jackson		State: MS	Zip: 39206	
Site Location: Same as above				
Building Size: 1,433		# of Floors: 1	Age in Years: 75	
Present Use: abandoned single family dwelling		Prior Use: single family dwelling		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: STATE OF MISS				
Address: P O BOX 136				
City: JACKSON		State: MS	Zip: 39205-0136	
Contact: City of Jackson		Tel: 601-960-1054 or 601-960-2747		
ASBESTOS REMOVAL CONTRACTOR: John Lee				
Address: 1728 Mt. Zion Rd				
City: Magee		State: MS	Zip: 39111	
Contact: John Lee		Tel: 601-519-8281		
Certification Number: ABC-00003364		Expiration Date: May 7, 2026		
OTHER OPERATOR: SOCRATES GARRETT ENTERPRISES, INC.				
Address: 2659 LIVINGSTON RD				
City: JACKSON		State: MS	Zip: 39213	
Contact: Socrates		Tel: 601-209-9199		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 11/17/2022	
Inspector: Samantha Graves		Certification Number: ABI-00009825		Expiration Date: 11/17/2022
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
EPA 600/R-93-116 BULK POLARIZED LIGHT MICROSCOPY (EAS)				
EXTERIOR ROOF SHINGLE, EXTERIOR BRICK MORTAR, CEILING SHEETROCK, INSULATION,				
FLOOR LINOLIUM, WALL TILE, FLOOR TILE				
VII. QUANTITY OF RACM TO BE REMOVED: Transite/siding				
Pipes (LN FT):		Surface Area (SQ FT): 1872	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: May 23, 2025 Complete: May 23, 2025				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: May 27, 2025 Te: June 27, 2025				

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

Demolition of Structure with trachce.

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

Hepa Vacuum, spray bottle, Pry Bars, scrapers for Removal, 6 mil Disposal bags and Put tape.

XIII. WASTE TRANSPORTER #1

Name: Pearson Environmental Services (Asbestos)

Address: 2040 Fox Cove East

City: Byram

State: MS

Zip: 39212

Contact Person: Office

Tel: 601-715-8717

WASTE TRANSPORTER #2

Name: Socrates Garrett Enterprises (DEMO)

Address: 2659 Livingston Dr

City: Jackson

State: MS

Zip: 39213

Contact Person: Socrates

Tel: 601-209-9199

XIV. WASTE DISPOSAL SITE

Name: Madison South Landfill (DEMO) (Little DM) Asbestos

Address: 2950 N. Countyline Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Office

Tel: 601-981-5577

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): 4/8/2025

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 ASBESTOS MATERIAL BECOMES CRUMBLED, 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.

LEE John

Type or Print Name

(Signature of Owner/Operator)

May 23, 2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jacqueline Rosado

Type or Print Name

(Signature of Owner/Operator)

May 23, 2025

(Date)