

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #		Postmark		Date Received (MDEQ use only)		Notification # (MDEQ use only)	
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 4728 CLINTON BLVD							
City: Jackson				State: MS		Zip: 39209	
Site Location: Same as above						Tel:	
Building Size 2,996				# of Floors: 1		Age in Years: 74	
Present Use: Vacant				Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: MAY JANE R							
Address: 170 E GRIFFITH ST APT 111							
City: Jackson				State: MS		Zip: 39201	
Contact: City of Jackson Samantha Graves						Tel: 601-960-1054/ 601-960-1426	
REMOVAL CONTRACTOR SOCRATES GARRETT							
Address: 2659 Livingston Rd							
City: Jackson				State: ms		Zip: 39213	
Contact: Joseph Antoine						Tel: 601-212-9559	
OTHER OPERATOR: Socrate S Garrett							
Address: 2659 Livingston Rd							
City: Jackson				State: ms		Zip: 39213	
Contact: Wanda Lowell						601-573-8571	
V. IS ASBESTOS PRESENT? (Yes/No) YES							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):							
EPA 600-R-93-116 BULK PLM (NVLAP LAB)- Inspector: CHRIAS GRAY: Certification: AB-00007366; Date of Inspection: 12/26/18							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed			RACM To Be Removed		UNIT		
Pipes					Ln Ft:		Ln M:
Surface Area			200		Sq Ft: X		Sq M:
Vol RACM Off Facility Component					Cu Ft:		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-2-2019					Complete: 9-3-2019		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-3-2019					Complete: 9-15-2019		

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AUG 20 2019

Dept. of Environment & Quality

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

demolition with track hoe

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

Keep material wet

XII. WASTE TRANSPORTER #1

Name: Socrates Garrett Enterprises Inc

Address: 2159 Livingston Rd

City: Jackson

State: MS

Zip: 39213

Contact Person: Wanda Lorell

Tel: 601-513-8971

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1711 N County line

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-9488

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

Name: City of Jackson Samantha Graves

Title: Code Enforcement Officer

Authority: City of Jackson

Date of Order (MM/DD/YY): 8/6/2019

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

XV. 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:

XVI. 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:

Stop work contact MPEO

XVII. 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.

Joseph Antoine

Type or Print Name

Joseph Antoine

(Signature of Owner/Operator)

8-26-19

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine

Type or Print Name

Joseph Antoine

(Signature of Owner/Operator)

8-26-19

(Date)