

76280

# 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) <u>O</u>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <u>D</u>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: <u>Residential House</u>				
Address <u>3170 FLEETWOOD DR</u>				
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39212</u>		
Site Location: <u>Same as above</u>		Tel:		
Building Size <u>1,720</u>	# of Floors: <u>1</u>	Age in Years: <u>55</u>		
Present Use: <u>Vacant</u>	Prior Use: <u>Residential</u>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <u>Southern Equity Investments LLC</u>				
Address: <u>3426 N State Street Unit A</u>				
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39236</u>		
Contact: <u>SAMANTHA GRAVES</u>	Tel: <u>601-960-1054/601-960-1426</u>			
REMOVAL CONTRACTOR <u>ACA Demolition &amp; Project Group, LLC</u>				
Address: <u>120 Hillcroft Place</u>				
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39211</u>		
Contact: <u>Alton Smith</u>	Tel: <u>601-238-0627</u>			
OTHER OPERATOR: <u>Anderson Environmental Services, INC</u>				
Address: <u>870 Foley street</u>				
City: <u>Jackson</u>	State: <u>MS</u>	Zip: <u>39202</u>		
Contact: <u>Daryl Anderson</u>				
V. IS ASBESTOS PRESENT? (Yes/No) <u>(YES)</u>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): <u>Jurnee West 8/15/2019</u>				
EPA 600-R-93-116 Method using polarized light microscopy- Inspector: Robert Brunson: Certification: AB103R01-10; Date of Inspection: 08/22/2019				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	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		Category I	Category II	
Pipes				Ln Ft:      Ln M:
Surface Area <u>Exterior Wall Siding</u> <u>15%</u> <u>chrysotile</u>				Sq Ft: <u>1,000</u> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>October 28, 2019</u>		Complete: <u>October 28, 2019</u>		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>October 29, 2019</u>		Complete: <u>October 30, 2019</u>		

RECEIVED

OCT 17 2019

Dept. of Environmental Quality

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

Track Hoe, Skid Steer and Roll-off Bays

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

Bagging, Wet Method, Plastic Cover and Bag

XII. WASTE TRANSPORTER #1

Name: American Disposal Services

Address: 1312 Springridge Rd

City: Clinton

State: MS

Zip: 39056

Contact Person: Rob / Donna

Tel: 601-925-0507

WASTE TRANSPORTER #2

Name: Little Dixie Landfill

Address: 1716 E County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Shane Ballard

Tel: 601-982-9488

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

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): 10/15/19

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:

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.

Elton Smith  
Type or Print Name

Elton Smith  
(Signature of Owner/Operator)

10/16/2019  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Elton Smith  
Type or Print Name

Elton Smith  
(Signature of Owner/Operator)

10/16/2019  
(Date)