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) 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: Parkwood South Apartments

Address 510 Bazinsky Rd Unit #7B B

City: Vicksburg	State: Mississippi	Zip: 39180
Site Location: Unit 7B		Tel: 601-638-9299
Building Size 4000sf	# of Floors: 2	Age in Years: 40+
Present Use: None	Prior Use: Apartment	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: Vicksburg Housing Authority

Address: 131 Elizabeth Cir, Vicksburg, MS 39183

City: Vicksburg	State: MS	Zip: 39183
Contact: Office Manager		Tel: : (601) 638-1661

REMOVAL CONTRACTOR Anderson Environmental

Address: P.O. Box 16891

City: Jackson	State: MS	Zip: 39236
Contact: Daryl Anderson		Tel: 601-940-4644

OTHER OPERATOR: Apex Titan, Inc.

Address: 13640 Briarwick Dr. Suite 110

City: Austin	State: TX	Zip: 78729

Contact: John McGuire 225-315-0225

V. IS ASBESTOS PRESENT? (Yes/No) Y

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

PLM John McGuire 10-02-18 PLM

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area Drywall and DW ceiling	9,000sf			SqFt: X	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-04-19 Complete: 12-15-19

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12-16-19 Complete: 2-28-19

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Dept. of Environmental Quality

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

Renovation of burned apartment

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

Apartment will be contained and placed under negative pressure, using wet method.

XII. WASTE TRANSPORTER #1

Name: Anderson Enviornmental

Address: P.O. Box 16891

City: Jackson	State: MS	Zip: 39236
Contact Person: Daryl Anderson		Tel: 601-940-4644

WASTE TRANSPORTER #2

Name:

Address:

City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE Revised

Name: Little Dixie Landfill

Address: 1716 N County Line Rd, Ridgeland, MS 39157

City: Ridgeland	State: MS	Zip: 39157

Tel: (601) 982-9488

XIV. 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):

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZEO, OR REDUCED TO POWDER:

Halt all work and notify the proper authority

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.

Daryl Anderson — 12-07-19

Type or Print Name (Signature of Owner/Operator) (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson — 12-07-19

Type or Print Name (Signature of Owner/Operator) (Date)