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)

RECEIVED OCT - 2 2020

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Original

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demo

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: 161 Montgomery Street Building

Address 161 Montgomery Street

City: Madison | State: MS | Zip: 39110

Site Location: 161 Montgomery Street, Madison, MS 39110 | Tel: 601-832-9955

Building Size 2200 sf | # of Floors: 1 | Age in Years: 85

Present Use: Vacant | Prior Use: Single family residence

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

OWNER NAME: 736 Magnolia Street, LLC

Address: P.O. Box 1691

City: Madison | State: MS | Zip: 39130

Contact: Greg Johnston, Member | Tel:

REMOVAL CONTRACTOR Anderson Environmental Services, Inc.

Address: 870 Foley Street

City: Jackson | State: MS | Zip: 39202

Contact: Daryl Anderson, President | Tel: 601-940-4644

OTHER OPERATOR:

Address:

City: | State: | Zip:

Contact:

V. IS ASBESTOS PRESENT? (Yes/No) Yes, in building siding. Material is non-friable and will not become friable.

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

Hascats, Inc.; Ronnie Fulcher; Complete inspection with lab testing

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				SqFt: 1000	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-10-20 Complete: 10-10-20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-15-20 Complete: 10-20-20

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

Asbestos siding to be removed from a portion of the building that is being demolished

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

Approx. 1000 sf of asbestos siding will be removed intact to prevent any emissions of asbestos at the site.

XII. WASTE TRANSPORTER #1 Anderson Environmental Services, Inc.

Name: Anderson Environmental Services, Inc.		
Address: 870 Foley Street		
City: Jackson	State: MS	Zip: 39202
Contact Person: Daryl Anderson		Tel: 601-940-4644

WASTE TRANSPORTER #2

Name:		
Address:		
City:	State:	Zip:
Contact Person:		Tel:

XIII. WASTE DISPOSAL SITE

Name: Republic Services Little Dixie Landfill		
Address: 1716 North County Line Road		
City: Jackson	State: MS	Zip: 39201
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, PULVERIZED, OR REDUCED TO POWDER:

If unexpected asbestos is found, owner will contact inspector Ronnie Fulcher to re-inspect and test.

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.

Gregory M. Johnston — Gregory M. Johnston — September 30, 2020

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

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Gregory M. Johnston — Gregory M. Johnston — September 30, 2020

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