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 22 2020

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: **1008 BLAIR ST**

City: **Jackson** State: **MS** Zip: **39202**

Site Location: **Same as above** Tel:

Building Size: **0** # of Floors: **1** Age in Years: **88**

Present Use: Prior Use:

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

OWNER NAME: **SMITH KATHLEEN**

Address: **3555 BRITTON AVE**

City: **JACKSON** State: **MS** Zip: **39213**

Contact: **CITY OF JACKSON** Tel: **601-960-1054**

REMOVAL CONTRACTOR: **TRIARC MANAGEMENT SERVICES**

Address: **644 E. Rhinewalt Road**

City: **Lena** State: **MS** Zip: **39094**

Contact: **Stacey Stowers** Tel: **214-850-1264**

OTHER OPERATOR:

Address: **Xquisite Lawn Care, LLC**

City: **Jackson** State: **MS** Zip: **39211**

Contact: **Steven Jones**

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):

SAMANTHA GRAVES-SE201SEAB1030-3

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			**Ext-Siding**	SqFt: **100**	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **11-23-2020** Complete:

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **11-25-2020** Complete:

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

Abate Siding then Demo Structure

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

Wet Method and Double Bag Asbestos and Transport to Approved Landfill

XII. WASTE TRANSPORTER #1

Name: ***TRIARC MANAGEMENT SERVICES***

Address: ***644 E. RHINEWALT RD***

City: ***LENA*** State: ***MS*** Zip: ***39094***

Contact Person: ***STACEY STOWERS*** Tel:

WASTE TRANSPORTER #2

Name: ***SAME AS ABOVE***

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: ***BFI WASTE SYS OF MS, LLC***

Address: ***1716 COUNTY LINE RD***

City: ***RIDGELAND*** State: ***MS*** Zip: ***39157***

Tel: ***(601) 982-9488***

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

Name: ***ROBERT BRUNSON*** Title: ***Code Enforcement Supervisor***

Authority: ***CITY OF JACKSON***

Date of Order (MM/DD/YY): ***8/18/2020*** 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:

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.

STACEY STOWERS ***10-21-2020***

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

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

STACEY STOWERS ***10-21-2020***

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