

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) 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:					
Address 509 Nimitz Street					
City: Jackson	State: Ms	Zip: 39209			
Site Location: same	Tel:				
Building Size 1,508 sq. ft.	# of Floors: 1	Age in Years: 50 plus			
Present Use: Vacant	Prior Use: Resident				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: City of Jackson					
Address:					
City: Jackson	State: Ms	Zip:			
Contact:	Tel:				
REMOVAL CONTRACTOR					
Address: 222 Vicksburg St. / P.O. Box 88					
City: Edwards	State: Ms	Zip: 39066			
Contact: Aaron Lee	Tel: (601) 383-3237				
OTHER OPERATOR: Innovative Performance Construction (demo)					
Address: 4576 Hwy 80					
City: Jackson	State: Ms	Zip: 39209			
Contact: Vera Hall					
V. IS ASBESTOS PRESENT? (Yes/No)					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
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				Ln Ft:	Ln M:
Surface Area	floor tile textured ceiling			Sq Ft: 520 sq. ft. 150	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/22/2021				Complete: 1/22/2021	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/9/2021				Complete: 2/10/2021	

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

Clear the blotted area

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

Wet Method

XII. WASTE TRANSPORTER #1

Name: Aaron Lee
 Address: 222 Vicksburg St. / P.O. Box 88
 City: Edwards State: Ms Zip: 39066
 Contact Person: Aaron Lee Tel: 601 383-3237

WASTE TRANSPORTER #2

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

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill
 Address: 1716 N County Line Rd
 City: Ridgeland State: Ms Zip: 39175
 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):

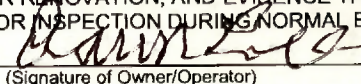
XV. FOR EMERGENCY RENOVATIONS:

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 ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

Stop and call DEQ

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.

Aaron Lee (Type or Print Name)  (Signature of Owner/Operator) 12/29/2020 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Aaron Lee (Type or Print Name)  (Signature of Owner/Operator) 12/29/2020 (Date)