

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) 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:						
Address 2616 Glenn St.						
City: Jackson	State: MS	Zip:				
Site Location:		Tel:				
Building Size 1,500	# of Floors: 1	Age in Years: 50+				
Present Use: Vacant	Prior Use: residence					
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)						
OWNER NAME: State of Mississippi						
Address:						
City:	State:	Zip:				
Contact:		Tel:				
REMOVAL CONTRACTOR Pearson Environmental						
Address: 2040 Fox Cove East						
City: Byram	State: MS	Zip: 39272				
Contact: Chris Pearson	Tel: 601-937-1186					
OTHER OPERATOR:						
Address:						
City:	State:	Zip:				
Contact:						
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): City of Jackson						
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below		
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Category I</td> <td style="width: 50%; text-align: center;">Category II</td> </tr> </table>		Category I	Category II	UNIT
				Category I	Category II	
Pipes				Ln Ft: Ln M:		
Surface Area	Siding			Sq Ft: 1,500 Sq M:		
Vol RACM Off Facility Component				Cu Ft: Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/15/21		Complete: 1/16/21				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/17/21		Complete: 2/17/21				

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

Demolition - excavator

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

Wet method abatement - 6mil. bags

XII. WASTE TRANSPORTER #1

Name: Pearson Environmental

Address: 2040 Fox Cove East

City: Byram

State: MS

Zip: 39277

Contact Person: Chris Pearson

Tel: 601-937-1186

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie

Address: 1716 N. County Line Rd

City: Ridgeland

State: MS

Zip:

Tel:

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:

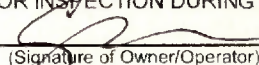
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Work will be stopped until material is contained + abated.

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.

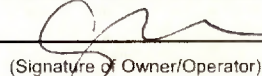
Chris Pearson
Type or Print Name


(Signature of Owner/Operator)

1/4/21
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson
Type or Print Name


(Signature of Owner/Operator)

1/4/21
(Date)