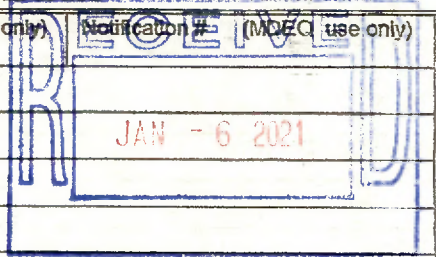


MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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 (=Original =Revised =Canceled =Annual)

II. TYPE OF OPERATION (=Demo =Ordered Demo =Renovation =Emer. Renovation)

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

Bldg. Name: House

Address: 4015 West Capitol Street

City: Jackson State: MS Zip: 39209

Site Location: Jackson Tel: _____

Building Size: 1800 # of Floors: 1 Age in Years: 40 plus

Present Use: Vacant Prior Use: Home

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

OWNER NAME: Voice of Calvary

Address: 531 W Capitol St

City: Jackson State: MS Zip: 39203

Contact: 601-969-3088 Tel: 601-969-3088

REMOVAL CONTRACTOR: Socrates Barrett Enterprises

Address: 2659 Livingston Rd

City: Jackson State: MS Zip: 39213

Contact: Joseph Antoine Tel: 601-212-2555

OTHER OPERATOR:

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

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):

PLM Center D. Rutledge July 1 2020

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed				Ln Ft:	Ln Mi:
2. Category I ACM Not Removed				Sq Ft:	Sq Mi:
3. Category II ACM Not Removed				Cu Ft:	Cu Mi:
Pipes					
Surface Area <u>Floor tile</u>			<input checked="" type="checkbox"/>	<u>60</u>	
Vol RACM Off Facility Component					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/27/2021 Complete: 1/27/2021

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 1/28/2021 Complete: 2/28/2021

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

Abatement + Demolition

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

Keep material wet

XII. WASTE TRANSPORTER #1

Name: Same as Demo Contractor

Address:

City: State: Zip:

Contact Person: Tel:

WASTE TRANSPORTER #2

Name:

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Land fill

Address: 1716 North 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: 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 notify 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.

Joseph Antoine (Type or Print Name) Joseph Antoine (Signature of Owner/Operator)

1/6/2021 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antoine (Type or Print Name) Joseph Antoine (Signature of Owner/Operator)

1/6/2021 (Date)