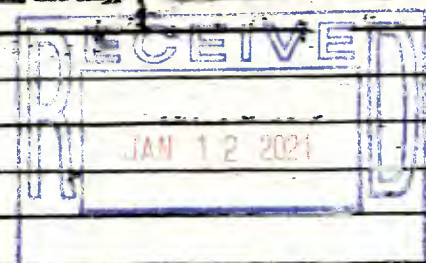


# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MSDD Asbestos Section, 515 E. Amde Street, Jackson, MS 39201**



Order Project #	Postmark	Date Received (initial use only)	Notification # (initial use only)
Type of Notification (D-Original R-Resized C-Cancelled A-Award)			
TYPE OF OPERATION (D-Demo O-Original Demo R-Renovation E-Exter. Renovation)			
FACILITY DESCRIPTION (include building name, number and floor or room number)			
City: <u>House</u>			
Address: <u>196 culbertson Ave</u>			
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39209</u>
City: <u>Jackson</u>		Tel:	
Building Size: <u>1900</u>	# of Floors: <u>1</u>	Age in Years: <u>40 plus</u>	
Recent Use: <u>Vacant</u>	Prior Use: <u>Home</u>		

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

OWNER NAME: <u>Voice of Calvary</u>			
Address: <u>531 W Capitol St</u>			
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39203</u>
Contact: <u>601-969-3088</u>		Tel: <u>601-969-3088</u>	
REMOVAL CONTRACTOR: <u>Secrates Garrett Enterprises</u>			
Address: <u>2659 Livingston Rd</u>			
City: <u>Jackson</u>		State: <u>MS</u>	Zip: <u>39213</u>
Contact: <u>Joseph Antoine</u>		Tel: <u>601-212-9555</u>	

**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 7 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	UNIT
Pipes				Ln Ft	Ln Mt
Surface Area <u>sidewalk</u>			✓	Sq Ft	Sq Mt
Vol RACM OR Facility Component				Cu Ft	Cu Mt

**VIII. SCHEDULED DATES FOR REMOVAL (PRIORITY) Start:** 1/31/2021 **Complete:** 7/19/2021

**IX. SCHEDULED DATES DEMONSTRATION (PRIORITY) Start:** 2/19/2021 **Complete:** 3/19/2021

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

Abatement + Demo

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 Landfill

Address: 1716 North County Line Road

City: Ridge Land 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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

stop work notify De Q

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 Antonio (Signature of Owner/Operator) 1/12/2021 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joseph Antonio (Signature of Owner/Operator) 1/12/2021 (Date)