

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			RECEIVED	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D			JAN 26 REC'D	
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			Dept. of Environmental Quality	
Bldg. Name:				
Address 233 E. Rankin Street				
City: Jackson	State: MS	Zip: 39201		
Site Location:			Tel:	
Building Size 22,834	# of Floors: 1	Age in Years: 61		
Present Use: Vacant	Prior Use: Industrial			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Dismas Charities				
Address: 2500 South 7th St. Rd.				
City: Louisville	State: Ky	Zip: 40208		
Contact: Craig Brown	Tel: 502-475-7545			
REMOVAL CONTRACTOR Pearson Environmental Services				
Address: 2040 Fox Cove East				
City: Byram	State: MS	Zip: 39272		
Contact: Chris Pearson	Tel: 601-937-1186			
OTHER OPERATOR: Peoples Construction				
Address: 3913 Underwood Dr.				
City: Flowood	State: MS	Zip: 39232		
Contact: Brooks Warren				
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):				
Mark Walters - PLM Sample				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:				
<ol style="list-style-type: none"> 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			Sq Ft: 8000 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2/5/2021			Complete: 2/8/2021	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2/10/2021			Complete: 3/10/2021	

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

Heavy equipment

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

wet method with containment abatement. Negative air machines used during removal and all debris placed in dumpster

XII. WASTE TRANSPORTER #1

Name: **Pearson Environmental Services**

Address: **2040 Fox Cove East**

City: **Byram**

State: **MS**

Zip: **39272**

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 Landfill**

Address: **1716 N. 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:

Work will be stopped and material contained. additional air monitoring will be performed

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)

1/26/2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Chris Pearson

Type or Print Name

(Signature of Owner/Operator)

1/26/2021

(Date)