

# 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) <b>O</b>			RECEIVED FEB 02 2021	
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)			Dept. of Environmental Quality	
Bldg. Name: <b>Residential House</b>				
Address: <b>2977 Bailey Ave</b>				
City: <b>Jackson</b>	State: <b>Mississippi</b>	Zip: <b>39213</b>		
Site Location: <b>Jackson, MS</b>			Tel:	
Building Size <b>626sf</b>	# of Floors: <b>1</b>	Age in Years: <b>50+</b>		
Present Use: <b>Vacant</b>	Prior Use: <b>Residential</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>City of Jackson</b>				
Address: <b>Jackson City Hall 219 S. President St. Jackson, MS 39205</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39205</b>		
Contact: <b>Robert Brunson</b>	Tel: <b>(601) 960-1054</b>			
REMOVAL CONTRACTOR <b>Anderson Environmental</b>				
Address: <b>P. O. Box 16891</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39236</b>		
Contact: <b>Daryl Anderson</b>	Tel: <b>601-940-4644</b>			
OTHER OPERATOR: <b>XQUSITE LawnCare LLC</b> <span style="float: right;"><b>601-540-1139</b></span>				
Address: <b>1737 Beacon Street</b>				
City: <b>Jackson</b>	State: <b>MS</b>	Zip: <b>39211</b>		
Contact: <b>Steven Jones</b>	<b>601-540-1139</b>			
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>				
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):				
<b>PLM Samantha Graves</b>				
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 <b>Transite siding</b>	<b>350sf</b>			Sq Ft: <b>X</b> Sq M:
Vol RACM Off Facility Component				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>2-15-21</b> Complete: <b>2-20-2021</b>				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>2-21-2021</b> Complete: <b>2-10-2021</b>				

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

Demolition of abandon property

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

All asbestos material will be kept wet and placed in 6mil asbestos labeled bags and taken to the proper landfill

XII. WASTE TRANSPORTER #1

Name: Anderson Environmental

Address: P.O. Box 16891

City: Jackson

State: MS

Zip: 39236

Contact Person: Daryl Anderson

Tel: (601) 354-4400

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Allied Waste Little Dixie Landfill

Address: 1716 N County Line Rd, Ridgeland, MS 39157

City: Ridgeland

State: MS

Zip: 39157

Tel: (601) 982-9488

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: Robert Bruson

Title: Code Enforcement Supervisor

Authority: City of Jackson

Date of Order (MM/DD/YY): 9/15/2020

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Halt all work and notify the proper authorities

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.

Daryl Anderson

Type or Print Name

(Signature of Owner/Operator)

2-01-2021

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Daryl Anderson

Type or Print Name

(Signature of Owner/Operator)

2-01-2021

(Date)