

# 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)				
RECEIVED							
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							
FEB 22 REC'D							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Dept. of Environmental Quality							
Bldg. Name: RESIDENTIAL PROPERTY							
Address: 209 Tennessee Street							
City: JACKSON	State: MS	Zip: 39212					
Site Location: SAME AS ABOVE		Tel: (601)960-1054					
Building Size: 866 SF	# of Floors: 1	Age in Years: 50+					
Present Use: Vacant House	Prior use: RESIDENCE						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: CITY OF JACKSON							
Address: P.O. BOX 200							
City: JACKSON	State: MS	Zip: 39205					
Contact:		Tel: 601-960-1054					
REMOVAL CONTRACTOR Anderson Environmental							
Address: P.O. Box 16891							
City: Jackson	State: MS	Zip: 39236					
Contact: Daryl Anderson		Tel: 601-354-4400					
OTHER OPERATOR: XQUISITE LAWN CARE							
1737 BREACON DRIVE							
City: JACKSON	State: MS	Zip: 39211					
contact: STEVEN JONES 601-540-1139							
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): SAMANTHA GRAVES / PLM /04/05/2020							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below			
<ol style="list-style-type: none"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		<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		
RACM To Be Removed							
Pipes				LnFt:	LnM:		
Surface Area TRANSITE SIDING	750			SqFt: <b>X</b>	SqM:		
Vol RACM Off Facility Component				CuFt:	CuM:		
VIII. SCHEDULED OATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>3-01-21</b>				Complete: <b>3-30-21</b>			
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>3-10-21</b>				complete: 3-30-2021			

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

Abatement and renovation 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:

Area barricaded using asbestos sings and danger tap[e, removed using wet methods and ACM bags and poly

XII. WASTE TRANSPORTER #1

Name: XQUISITE LAWN CARE

Address: 1737 BREACON DRIVE

City: JACKSON

State: MS

Zip: 39211

Contact Person:

Tel: 601) 540-1139

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1718 N County Line Road

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 Brunson

Title: Code Enforcement Supervisor

Authority: City of Jackson

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

10/27/2020

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:

Halt all work and notify the proper authority

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

Daryl Anderson

Type or Print Name

*Daryl Anderson*  
(Signature of Owner/Operator)

2-14-21

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFO

Daryl Anderson

Type or Print Name

*Daryl Anderson*  
(Signature of Owner/Operator)

2-14-21

(Date)