

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				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Residential House				
Address: 111 Gaylyn Ave				
City: Jackson	State: Mississippi	Zip: 39209		
Site Location: Jackson, MS		Tel:		
Building Size 1288sf	# of Floors: 1	Age in Years: 50+		
Present Use: Vacant	Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: City of Jackson				
Address: Jackson City Hall 219 S. President St. Jackson, MS 39205				
City: Jackson	State: MS	Zip: 39205		
Contact: Robert Brunson		Tel: (601) 960-1054		
REMOVAL CONTRACTOR Anderson Environmental				
Address: P. O. Box 16891				
City: Jackson	State: MS	Zip: 39236		
Contact: Daryl Anderson		Tel: 601-940-4644		
OTHER OPERATOR: XQUSITE LawnCare LLC		601-540-1139		
Address: 1737 Beacon Street				
City: Jackson	State: MS	Zip: 39211		
Contact: Steven Jones				
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):				
PLM Samantha Graves				
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 Transite siding	800sf			Sq Ft: X Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-15-21 Complete: 2-20-2021				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 2-21-2021				

Change Demo end date to 3/10/21. Per email from Daryl

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)

RECEIVED

FEB 02 2021

Dept. of Environmental Quality

Dennis Kelly

From: Daryl Anderson <dla1157@bellsouth.net>
Sent: Tuesday, March 2, 2021 2:53 PM
To: Dennis Kelly
Subject: Anderson Environmental

Good looking out Dennis, please change the start date on the February notification for demolition from February 10th 2021 to March 10th. 2021.

Thanks Daryl

*The date referenced is the
demolition end date*

Daryl Anderson