

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 4-28-23	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name:				
Address: 924 Ethel Street				
City: Yazoo City		State: MS	Zip: 39194	
Site Location: 924 Ethel Street		Tel: NA		
Building Size: 965 sq. ft		# of Floors: 1	Age in Years: NA	
Present Use: Not Used		Prior Use: Home		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Allean Jackson (deceased)				
Address:				
City: Yazoo City		State: MS	Zip: 39194	
Contact: Danny Neely		Tel: (662) 590-3315		
ASBESTOS REMOVAL CONTRACTOR: NA				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
Certification Number:		Expiration Date:		
OTHER OPERATOR: Beyond Expectations Developments, LLC				
Address: 1230 Gatemouth Moore Drive				
City: Yazoo City		State: MS	Zip: 39194	
Contact: Keith Foreman		Tel: (601) 331-2785		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): No		Inspection Date: 04/25/2023		
Inspector: Gwendolyn Crockett		Certification Number: ABI-00011647		Expiration Date: 09/28/2023
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Shingle		Polarized Light Microscopy		
Insulation		EPA 600/R93/116 and EPA 600/MA-82/020		
Sheet Rock				
VII. QUANTITY OF RACM TO BE REMOVED: NA				
Pipes (LN FT):		Surface Area (SQ FT):	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: NA				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: NA Complete:				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 05/13/2023 Complete: 06/27/2023				

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

excavation/demolition of building

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

None needed

XIII. WASTE TRANSPORTER #1

Name: Keith Foreman

Address: 1230 Gatemouth Moore Drive

City: Yazoo City

State: MS

Zip: 39194

Contact Person: Keith Foreman

Tel: (601) 331-2785

WASTE TRANSPORTER #2 NA

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Yazoo City Landfill

Address: Old Highway 3

City: Yazoo City

State: MS

Zip: 39194

Contact Person: Code Enforcer - Danny Neely

Tel: (662) 590-3315

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

Name: David Starling, Jr.

Title: Mayor

Authority: City of Yazoo City

Date of Order (MM/DD/YY): 03/01/2023

Date Ordered to Begin (MM/DD/YY): 03/01/2023

XVI. FOR EMERGENCY RENOVATIONS: NA

Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

NA

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

NA

XVII. 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:

If material is found during demolition work will be stopped immediately and the inspector will be called

XVIII. 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.

Type or Print Name

(Signature of Owner/Operator)

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Keith Foreman

Keith Foreman

04/28/23

Type or Print Name

(Signature of Owner/Operator)

(Date)