

REV

MAP

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

MDEQ Use Only: ☒ Email ☐ Mail ☐ Hand Delivery		Postmark (mail only)	Date Received 09-11-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): Revised				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): Renovation				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Edwards Senior Citizen				
Address: 105 Williamson Avenue				
City: Edwards		State: MS	Zip: 39066	
Site Location: same		Tel:		
Building Size: 2500 sq. ft.		# of Floors: 1	Age in Years: 50 plus	
Present Use: Vacant		Prior Use: Senior Citizen Center		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Hinds County Human Resource Agency				
Address: 258 Maddox Road				
City: Jackson		State: MS	Zip: 39212	
Contact: Shirley Gibbs		Tel: 601 923-1827		
ASBESTOS REMOVAL CONTRACTOR: Bestway Abatement				
Address: 222 Vicksburg Street / P.O. Box 88				
City: Edwards		State: MS	Zip: 39066	
Contact: Aaron Lee		Tel: 601 383-3237		
Certification Number: ABC-00002924		Expiration Date: 10/18/2023		
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:		Tel:		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes				
WAS ASBESTOS PRESENT? (Yes/No): Yes		Inspection Date: 2/2/2023		
Inspector: Alfred L. Martin		Certification Number: ABI-00001570	Expiration Date: 3/11/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Mastic Adhesive - EHS Laboratories (EPA Method 600/R-93/116)				
VII. QUANTITY OF RACM TO BE REMOVED: 2500 sq. ft.				
Pipes (LN FT):		Surface Area (SQ FT): 2500	Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9/11/2023		Complete: 10/10/2023		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		Complete:		

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

To Renovate for Office and Senior Citizen Center

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

Wet Method

XIII. WASTE TRANSPORTER #1

Name: Bestway Abatement

Address: 422 Vicksburg Street / P.O. Box 88

City: Edwards

State: MS

Zip: 39066

Contact Person: Aaron Lee

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N County Line Rd.

City: Ridgeland

State: MS

Zip: 39157

Contact Person:

Tel: 6017982-9488

XV. 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):

XVI. 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:

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:

Stop and call MDEG

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.

Aaron Lee

Type or Print Name

Aaron Lee

(Signature of Owner/Operator)

9/11/2023

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Aaron Lee

Type or Print Name

Aaron Lee

(Signature of Owner/Operator)

9/11/2023

(Date)