

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 09-21-2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R				
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: HOTEL O				
Address: 1525 ELLIS AVE				
City: JACKSON		State: MS	Zip: 39203	
Site Location: JACKSON, MS			Tel: 817-854-2763	
Building Size: N/A		# of Floors:	Age in Years:	
Present Use: NONE		Prior Use: HOTEL		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MAYIER KAHN				
Address: 1525 ELLIS AVE				
City: JACKSON		State: MS	Zip: 39203	
Contact: ROGER THOMAS			Tel: 817-584-2763	
ASBESTOS REMOVAL CONTRACTOR: BESTWAY ABATEMENT				
Address: 222 VICKSBURG ST / 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: READY ONE DEMOLITION				
Address: 110 LEGGETT DR				
City: JACKSON		State: MS	Zip: 39209	
Contact: ROGER THOMAS			Tel: 601-473-3805	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): NO				
WAS ASBESTOS PRESENT? (Yes/No): NO			Inspection Date: 04/06/23	
Inspector: MAYIER KAHN		Certification Number: N/A	Expiration Date: N/A	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: CEILING TEXTURE, FLOORING, ATTIC INS, AND SHEETROCK WALLBOARD. THE SAMPLES WERE ANALYZED BY THE ACCEPTED METHOD OF POLARIZED LIGHT MICROSCOPY (PLM) USING EPA's				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT):		Volume of Facility Components (CU FT):	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: N/A			Category II: N/A	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 09/22/2023			Complete: 09/28/2023	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 09/22/2023			Complete: 09/28/2023	

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

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 READY ONE DEMOLITION

Name: READY ONE DEMOLITION

Address: 110 LEGGETT DR

City: JACKSON State: MS Zip: 39209

Contact Person: ROGER THOMAS 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: N/A Tel:

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

Name: N/A 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 CONTACT A LICENSE ASBESTOS CONTRACTOR

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)

Digitally signed by Aaron Lee
Date: 2023.09.21 17:02:28 -05'00'

09/21/2023
(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

ROGER THOMAS
Type or Print Name

Roger Thomas
(Signature of Owner/Operator)

Digitally signed by Roger Thomas
Date: 2023.09.21 10:21:15 -05'00'

09/21/2023
(Date)