

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

<b>MDEQ Use Only:</b> <input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		<b>Postmark (mail only)</b>	<b>Date Received</b> 09-20-2023/10-03-2023	<b>AI Number</b>
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>D</b>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: <b>Residential House</b>				
Address: <b>2823 OXFORD AVE.</b>				
City: <b>Jackson</b>		State: <b>MS</b>	Zip: <b>39216</b>	
Site Location: <b>Same as above</b>			Tel:	
Building Size: <b>1045</b>		# of Floors: <b>1</b>	Age in Years: <b>83</b>	
Present Use:		Prior Use:		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: <b>ALTUWAITI WALEED H</b>				
Address: <b>1217 CHERRY STREET</b>				
City: <b>VICKSBURG</b>		State: <b>MS</b>	Zip: <b>39183</b>	
Contact: <b>City of Jackson</b>			Tel: <b>601-960-1054 OR 601-960-2470</b>	
ASBESTOS REMOVAL CONTRACTOR: <b>ANDERSON ENVIRONMENTAL</b>				
Address: <b>870 FOLEY STREET</b>				
City: <b>JACKSON</b>		State: <b>MS</b>	Zip: <b>39209</b>	
Contact: <b>DARYL ANDERSON</b>			Tel: <b>601-354-4400</b>	
Certification Number: <b>ABC-00002173</b>			Expiration Date: <b>10/28/2023</b>	
OTHER OPERATOR: <b>TRI ARC MANAGEMENT SERVICES</b>				
Address: <b>381 KINGS RIDGE CIRCLE</b>				
City: <b>BRANDON</b>		State: <b>MS</b>	Zip: <b>39203</b>	
Contact: <b>STACEY STOWERS</b>			Tel: <b>214-850-1264</b>	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): <b>Yes</b>				
WAS ASBESTOS PRESENT? (Yes/No): <b>Yes</b>			Inspection Date: <b>05/08/23</b>	
Inspector: <b>JAMES BENNETT</b>		Certification Number: <b>00011875</b>	Expiration Date: <b>11/17/2023</b>	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> <b>EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EAS) SHINGLES, SIDING, FELT PAPER</b>				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b> <b>SIDING</b>				
Pipes (LN FT):		Surface Area (SQ FT): <b>490</b>	Volume of Facility Components (CU FT):	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I:			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: <b>10-03-23</b>			Complete: <b>10-03-23</b>	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: <b>10-04-23</b>			Complete: <b>10-04-23</b>	

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

**ABATEMENT AND DEMO OF ABANDON HOUSE**

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

AREA BARRICADE USING ASBESTOS SIGNS AND DANGER TAPE. REMOVE USING WET METHOD AND ACM BAGS AND POLY

**XIII. WASTE TRANSPORTER #1**

Name: **ANDERSON ENVIRONMENTAL**

Address: **870 FOLEY STREET**

City: **JACKSON**

State: **MS**

Zip: **39202**

Contact Person: **DARYL ANDERSON**

Tel: **601-354-4400**

**WASTE TRANSPORTER #2 SAME**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

**XIV. WASTE DISPOSAL SITE**

Name: **ALLIED WASTE LITTLE DIXIE LANDFILL**

Address: **1718 N COUNTYLINE RD**

City: **RIDGELAND**

State: **MS**

Zip: **39157**

Contact Person:

Tel: **601-982-9488**

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

Name: **ROBERT BRUNSON**

Title: **SUPERVISOR**

Authority: **City of Jackson**

Date of Order (MM/DD/YY): **08/31/2023**

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 Work Contact MDEQ**

**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.**

**STACEY M STOWERS**

Type or Print Name



(Signature of Owner/Operator)

**09-16-23**

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

**STACEY M STOWERS**

Type or Print Name



(Signature of Owner/Operator)

**09-16-23**

(Date)