



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 01-24-2024	AI Number 85451
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: Residential House				
Address: 2731 TERRY RD.				
City: JACKSON		State: MS	Zip: 39204	
Site Location: Same as above			Tel:	
Building Size: 1641		# of Floors: 1	Age in Years: 72	
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: STATE OF MISS				
Address: P O BOX 136				
City: JACKSON		State: MS	Zip: 39205-0136	
Contact: City of Jackson			Tel: 601-960-1054 or 601-960-2470	
ASBESTOS REMOVAL CONTRACTOR Anderson Environmental Services, Inc.				
Address: 870 Foley Street				
City: JACKSON		State: MS	Zip: 39202	
Contact: Daryl Anderson			Tel:	
Certification Number: ABC-00002173			Expiration Date: 10/27/2024	
OTHER OPERATOR: Xquisite Lawncare, LLC				
Address: 210 Meadowbrook Rd, Suite 102				
City: Jackson		State: MS	Zip: 39206	
Contact: Steven Jones			Tel: 769-226-9237 or 601-540-1139	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 5/11/2020	
Inspector: SAMANTHA GRAVES		Certification Number: ABI-00009825	Expiration Date: 11/17/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EMSL) SIDING, SIDING FELT, SHINGLE, SHINGLE FELT, SHEETROCK, PLASTER, CEILING INSULATION				
VII. QUANTITY OF RACM TO BE REMOVED: SIDING				
Pipes (LN FT):		Surface Area (SQ FT): 1641	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: 01/26/2024			Complete: 01/28/2024	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 01/29/2024			Complete: 02/02/2024	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
abatement and demo of abandoned house		
XII. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:		
Area barricaded with asbestos signs and danger tape; removed using WET method and AMC and poly.		
XIII. WASTE TRANSPORTER #1		
Name: Xquisite Lawncare LLC		
Address: 210 Meadowbrook Rd, Suite 102		
City: Jackspn	State: MS	Zip: 39206
Contact Person: Steven Jones	Tel: 769-226-9237 or 601-540-1139	
WASTE TRANSPORTER #2		
Name: SAME AS ABOVE		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIV. WASTE DISPOSAL SITE		
Name: Allied 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: Samantha Graves	Title: Manager	
Authority: City of Jackson		
Date of Order (MM/DD/YY): 12/1/2023	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:		
Halt all work and notify proper authorities.		
Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:		
structure is a menace to the public safety and the welfare of the community; poses danger to school children at bus stop & prostitution		
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:		
Remain under containment, contact owner and MDEQ of change. Follow MDEQ direction.		
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.		
Steven Jones		01/24/2024
Type or Print Name	(Signature of Owner/Operator)	(Date)
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:		
Steven Jones		01/24/2024
Type or Print Name	(Signature of Owner/Operator)	(Date)