

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 8/19/2024	AI Number
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I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): R

III. FACILITY DESCRIPTION (Include building name, number and floor or room number):

Bldg. Name: None

Address: 107 N President Street

City: Jackson State: MS Zip: 39201

Site Location: Throughout Bldg Tel:

Building Size: Approx. 1200sf # of Floors: 1 Age in Years: 40+

Present Use: None Prior Use: Office

IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)

OWNER NAME: Marcus Cheatum

Address: 120 Clay Street State: MS Zip: 39213

City: Jackson Tel: 601-955-5176

Contact: Marcus Cheatum

ASBESTOS REMOVAL CONTRACTOR: ANDERSON ENVIRONMENTAL

Address: 783 HARRIS STREET

City: JACKSON State: MS Zip: 39202

Contact: DARYL ANDERSON Tel: 601-354-4400

Certification Number: ABC-00002173 Expiration Date: 10-27-24 10-27-24

OTHER OPERATOR: TOP Roofing Construction

Address: 120 Clay Street

City: Jackson State: MS Zip: 39213

Contact: Marcus Cheatum Tel: 601-955-5176

V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): No-Presumed

WAS ASBESTOS PRESENT? (Yes/No): Yes Presumed Inspection Date: *None

Inspector: Certification Number: Expiration Date:

VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:

Floor being renovated

VII. QUANTITY OF RACM TO BE REMOVED: 1100sf floor tile and mastic

Pipes (LN FT): Surface Area (SQ FT): 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: 9-01-24 Complete: 9-03-24

X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-04-24 Complete: 10-30-24

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
Renovation of floor in small building

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

In containment under negative pressure, area barricaded off with asbestos danger tape, material kept wet and placed in acm bags for disposal

XIII. WASTE TRANSPORTER #1

Name: Anderson Environmental
Address: 783 Harris Street
City: Jackson State: MS Zip: 39202
Contact Person: Daryl Anderson Tel: (601) 354-4400

WASTE TRANSPORTER #2

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE
Name: Republic Service Little Dixie Landfill
Address: 1716 North County Line, Ridgeland, MS 39157
City: Ridgeland State: MS Zip: 39157
Contact Person: Mike Raley Tel: 601-982-9488

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:
Halt all work and notify the proper authority

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.

DARYL ANDERSON
Type or Print Name Signature of Owner/Operator 08-19-24 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.
DARYL ANDERSON
Type or Print Name Signature of Owner/Operator 08-19-24 (Date)