

# 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 10/17/2024	AI Number 19202
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>R</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Career Development Center				
Address: 2703 First Avenue, Jackson, MS 39209				
City: Jackson		State: MS	Zip: 39209	
Site Location: Cosmetology Room			Tel: (601) 960-5322	
Building Size: Approx. 22,000sf		# of Floors: 2	Age in Years: 40+	
Present Use: School		Prior Use: School		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: Jackson Public School				
Address: 662 S President St. Jackson, MS 39201				
City: Jackson		State: MS	Zip: 39201	
Contact: Darryl Foster			Tel: (601) 960-8935.	
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: 10-27-25 10/27/2024	
OTHER OPERATOR:				
Address:				
City:		State:	Zip:	
Contact:			Tel:	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Presumed Floor tile and black mastic				
WAS ASBESTOS PRESENT? (Yes/No): Yes Presumed			Inspection Date:	
Inspector:		Certification Number:	Expiration Date:	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Floor tile and mastic				
VII. QUANTITY OF RACM TO BE REMOVED: 2800sf 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: 11-01-24			Complete: 11-03-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11-06-24			Complete: 11-30-24	

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

Replacement of floor tile

**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)

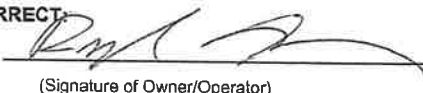
10-17-24

(Date)

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

DARYL ANDERSON

Type or Print Name

  
(Signature of Owner/Operator)

10-17-24

(Date)