

X

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

I. TYPE OF NOTICE: (X) Original () Revision () Canceled
() Annual () Info. Only

II. TYPE OF PROJECT: () Renovation (X) Demolition
() Ordered Demolition () Emergency Renovation

III. SITE INFORMATION: Name: _____
Description: Residential House
Address: 1913 Bienville Dr
City: Jackson County: Hinds State: MS Zip: _____
Contact Person: _____ Telephone: _____

IV. OWNER INFORMATION: Name: Renita Johnson
Full Mailing Address: 636 Willowbrook Dr -Gretna LA. 70056
Contact Person: _____ Telephone: _____

V. ASBESTOS REMOVAL CONTRACTOR: Name: Dennis Love
Certification No.: AS0816KLAPDL18210 Exp. Date: 8-5-17
Full Mailing Address: 6341 Ashley Dr.
Contact Person: Dennis Love Telephone: 601-940-26884

VI. CONTRACTOR (Other): Name: Dennis Love
Full Mailing Address: 6341 Ashley Dr.
Contact Person: Dennis Love Telephone: SAME AS V

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 12/20/16 Removal Project Stop: 12/21/16

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 12/22/16 Project Stop: 12/22/16 Prep. Date: / /

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): 900 Bldg. Size (LN FT)": _____
No. of Floors: 1 Age in Years: _____
Present Use: vacant Prior Use: _____

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? (X) yes () no
Inspection Date: 03/03/16 Asbestos Present? (X) yes () no
Inspector: Wayne Spires Cert. No.: ABI-00007367 Exp. Date: 7/18/16
Identify suspect materials sampled: See attachment
Laboratory Analysis: TEM _____ PLM _____ Other _____
Name of Laboratory: EMSL Analytical Inc.

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT): none Surface Area (SQ FT): 900
Volume of Facility Components (CU FT): _____

XII. QUANTITY OF NONFRIABLE ASBESTOS - _____ NOT REMOVED _____ TO BE REMOVED:
Category I: 900 / Category II: /

XIII. WASTE TRANSPORTER: Name: Same As V
Full Mailing Address: _____
Contact Person: _____ Telephone: _____

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: BFI

Physical Location: _____

Full Mailing Address: _____

Contact Person: _____ Telephone: _____

* All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):

Name: Byran Landfill

Physical Location: _____

Full Mailing Address: _____

Contact Person: _____ Telephone: _____

* All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):

- Strip & Removal
- Double Bagging
- Wrecking Ball
- Gross Demolition
- Mechanical Chipping
- Remove Intact
- Component Removal
- Containment
- Glove Bag
- Explode
- Bulldozer
- Wet Method
- Roofing Saw
- Other - Explain Below: _____
- Negative Air

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Demolish + Removed Remains of house
Gut Grass, Weeds, trash + Debris

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:

Wet Method

* Will MDEQ be notified of any significant changes? () yes () no

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

Name: City of Jackson/ JPD- Henry L. Davis Title: Supervisor

Authority: Henry L Davis

Date of Order: _____ Date Demolition to Begin: 12/22/16

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: ____/____/____, Time: _____

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.

Dennis Love
Type or Print Name and Title

Dennis Love
Signature

11-20-16
Date

MAIL TO: Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225
(601) 961-5171

Physical Address 515 Amite Street
Jackson, MS 39201

RECEIVED

NOV 21 2016