

**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: 145 Catalina Cir  
City: Jackson County: Hinds State: MS Zip: 39204  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

IV. OWNER INFORMATION: Name: Kendrick Dorothy W. &  
Full Mailing Address: 1792 Cheswood Dr.  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

V. ASBESTOS REMOVAL CONTRACTOR: Name: Dennis Love  
Certification No.: ABC-00001930 Exp. Date: \_\_\_\_\_  
Full Mailing Address: 6341 Ashley Dr Jackson MS 39213  
Contact Person: Dennis Love Telephone: 601-940-6884

VI. CONTRACTOR (Other): Name: Dennis Love  
Full Mailing Address: 6341 Ashley Dr  
Contact Person: Dennis Love Telephone: 601-940-6884

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):  
Removal Project Start: 1/31/17 Removal Project Stop: 2/1/17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):  
Project Start: 2/2/17 Project Stop: 2/3/17 Prep. Date: 2/2/17

IX. BUILDING INFORMATION: Bldg. Size (SQ FT)- 1,200 Bldg. Size (LN FT)" \_\_\_\_\_  
No. of Floors \_\_\_\_\_ Age in Years: 50 years  
Present Use: \_\_\_\_\_ Prior Use: \_\_\_\_\_

X. ASBESTOS INSPECTION:  
Was site inspected to determine presence of asbestos? (X) yes ( ) no  
Inspection Date: 01/12/16 Asbestos Present? (X) yes ( ) no  
Inspector: William Leonard Cert. No.: ABI-00007365 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) \_\_\_\_\_ Surface Area (SQ FT) \_\_\_\_\_  
Volume of Facility Components (CU FT) \_\_\_\_\_

XII. QUANTITY OF NONFRIABLE ASBESTOS - \_\_\_\_\_ NOT REMOVED X TO BE REMOVED:  
Category I: 1,200 sq ft Category II: /

XIII. WASTE TRANSPORTER: Name: Dennis Love  
Full Mailing Address: 6341 Ashley Dr Jackson MS 39213  
Contact Person: Dennis Love Telephone: 601-940-6884 cell

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JAN 13 2017  
Dept. of Environmental Quality

**STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED**

**XIV. WASTE ASBESTOS DISPOSAL SITE:** Name: BFI  
 Physical Location: 1796 North County Line Rd, Jackson, ms 39201  
 Full Mailing Address: 1035 Old Brandon Rd, Flowood, ms 39232  
 Contact Person: SALES Telephone: \_\_\_\_\_  
 \* All asbestos waste should go to a permitted sanitary landfill.

**XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):**  
 Name: \_\_\_\_\_  
 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):**

<input type="checkbox"/> Strip & Removal	<input checked="" type="checkbox"/> Double Bagging	<input type="checkbox"/> Mechanical Chipping	<input type="checkbox"/> Component Removal
<input type="checkbox"/> Wrecking Ball	<input checked="" type="checkbox"/> Gross Demolition	<input type="checkbox"/> Remove Intact	<input checked="" type="checkbox"/> Bulldozer
<input type="checkbox"/> Containment	<input type="checkbox"/> Glove Bag	<input type="checkbox"/> Explode	<input type="checkbox"/> Negative Air
<input checked="" type="checkbox"/> Wet Method	<input type="checkbox"/> Roofing Saw	<input type="checkbox"/> Other - Explain Below:	

**XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\* 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/Jaye Coleman  
 Date of Order: \_\_\_\_\_ Date Demolition to Begin: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**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 Contractor Dennis Love 1-13-17  
 Type or Print Name and Title Signature Date

MAIL TO: Office of Pollution Control Physical Address 515 Amite Street  
 P.O. Box 2261 Jackson, MS 39201  
 Jackson, MS 39225 (601) 961-5171