

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
Address: 1108 Ora (Ma Bell) Wright Drive
City: Jackson County: Hinds State: MS Zip: 39213
Contact Person: Coretta Laird Telephone: 601-960-1054

IV. OWNER INFORMATION: Name: State of Mississippi
Full Mailing Address: 1108 Ora (Ma Bell) Wright Drive
Contact Person: Coretta Laird Telephone: 601-960-1054

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: _____

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

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 1/25/17 Removal Project Stop: 1/27/17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: 1/30/17 Project Stop: 1/31/17 Prep. Date: 1/30/17

IX. BUILDING INFORMATION: Bldg. Size (SQ FT)- 828 Bldg. Size (LN FT) _____
No. of Floors 1 Age in Years: 44
Present Use: Vacant Prior Use: Residential

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? (X) yes () no
Inspection Date: 02/19/16 Asbestos Present? (X) yes () no
Inspector: Wayne Spires Cert. No.: ABI00007367 Exp. Date: 07/15/2016
Identify suspect materials sampled: see attachment
Laboratory Analysis: TEM _____ PLM X 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: 828 sq. FT Category II: /

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

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Dept. of Environmental Quality

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: BFI
 Physical Location: 1196 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: City of Jackson Landfill
 Physical Location: _____
 Full Mailing Address: BYHAM, MS
 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 checked="" 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? (X) yes () no

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
 Name: Coretta Laird Title: Supervisor
 Authority: Commander 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