2

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)

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) D

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

Bldg. Name:

Address 3124 BILGRAY DRIVE

City: JACKSON	State: MS	Zip: 39212
Site Location: SAME AS ABOVE		Tel: 601-960-1054
Building Size 2,700	# of Floors: 1	Age in Years: 60
Present Use: VACANT	Prior Use: RESIDENTIAL	

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

OWNER NAME: JESSE L SMILEY

Address: 3124 BILGRAY DRIVE

City: JACKSON	State: MS	Zip: 39212
Contact: CORETTA LAIRD		Tel: 601-960-1054

REMOVAL CONTRACTOR John Selvage

Address: 23 Mary Lane

City: Woodville	State: MS	Zip: 39669
Contact: John Selvage		Tel: 601-502-5613

OTHER OPERATOR: Selvage Const.

Address: P.O. Box 471 Bolton MS

City: Bolton	State: MS	Zip: 39041

Contact: James Selvage 601 502 ~~[illegible]~~ 5614

V. IS ASBESTOS PRESENT? (Yes/No) YES - BEDROOM SHEETROCK & EXTERIOR WALL SIDING

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

EPA 600/R-93/116 METHOD USING POLARIZED LIGHT - MICROSCOPY; INSPECTOR: WILLIAM LEONARD; CERTIFICATION# ABI00007365; CERTIFICATION EXPIRATION DATE: 7/15/2016; DATE OF INSPECTION: 4/26/2016

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area	sheetrock SIDING			SqFt: 144' 1200'	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: ~~3/17/17~~ 4/7/17 Complete: ~~3/18/17~~ 4/10/17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: ~~3/20/17~~ 4/17/17 Complete: ~~4/20/17~~ 5/17/17

RECEIVED

MAR 16 2017

Dept. of Environmental Quality

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

Remove and haul debris

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

component removal, wet method, plastic, bagging labeling

XII. WASTE TRANSPORTER #1

Name: John Selvage

Address: 23 Mary Lane

City: Woodville | State: MS | Zip: 39669

Contact Person: John Selvage | Tel: 601 502 5613

WASTE TRANSPORTER #2

Name:

Address:

City: | State: | Zip:

Contact Person: | Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI Landfill — BFI — 1716 E. County Line Rd.

Address: 1716 E. County Line Rd.

City: Ridgeland | State: MS | Zip: 39157

Tel: 601-982-9488

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

Name: CITY OF JACKSON (CORETTA LAIRD) | Title: SUPERVISOR

Authority: COMMANDER JAYE COLEMAN

Date of Order (MM/DD/YY): | Date Ordered to Begin (MM/DD/YY):

XV. 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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop - inspect - contact MDEQ

XVII. 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.

Joyce Selvage (Type or Print Name) | Joyce Selvage (Signature of Owner/Operator) | 3/16/2017 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Joyce Selvage (Type or Print Name) | Joyce Selvage (Signature of Owner/Operator) | 3/16/2017 (Date)