

# 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) <span style="float: right;"><del>O</del> R</span>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <span style="float: right;">D</span>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name:					
Address 1812 BOOKER STREET					
City: JACKSON	State: MS	Zip: 39209			
Site Location: SAME AS ABOVE		Tel: 601-960-1054			
Building Size 1,421	# of Floors: 1	Age in Years: 62			
Present Use: VACANT	Prior Use: RESIDENTIAL				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: VACHELLA K JONES & DORAL M HILLS					
Address: 17058 SILLS DRIVE					
City: PRAIRIEVILLE	State: LA	Zip: 70769			
Contact: CORETTA LAIRD	Tel: 601-960-1054				
REMOVAL CONTRACTOR					
Address: John Selvaage 23 Mary Lane					
City: Woodville	State: MS	Zip: 39669			
Contact: John Selvaage	Tel: 601-502-5613				
OTHER OPERATOR: Selvaage Const.					
Address: P.O. Box 471					
City: Bolton	State: MS	Zip: 39041			
Contact: James Selvaage	601-502-5614				
V. IS ASBESTOS PRESENT? (Yes/No) YES - CEILING/LEFT FRONT ROOM 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 800/R-93/116 METHOD USING POLARIZED LIGHT - MICROSCOPY; INSPECTOR: LEWIS YOUNGER; CERTIFICATION# AB100001761; CERTIFICATION EXPIRATION DATE: 7/17/2016; DATE OF INSPECTION: 4/4/2016					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed			
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Indicate Unit of Measurement Below			
		Category I	Category II		
Pipes	RACM To Be Removed  Sheetrock Siding			Ln Ft:	Ln M:
Surface Area				Sq Ft: 144	Sq M: 14.00
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3/22/17 4/5/17 Complete: 3/24/17 4/6/17					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3/27/17 4/12/17 4/7/17 Complete: 4/27/17 5/2/17					

RECEIVED

APR 7 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 Selva

Address:

23 Mary Lane

City:

Woodville

State:

MS

Zip:

39669

Contact Person:

John Selva

Tel:

601 502 5613

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

BFI Land Fill

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 ASBESTOS 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.

James Selva  
Type or Print Name

James Selva  
(Signature of Owner/Operator)

J. Selva

3/16/2017

(Date)

4/7/17

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

James Selva  
Type or Print Name

James Selva  
(Signature of Owner/Operator)

3/16/2017

(Date)