

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Dept. of Environmental Quality

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name:				
Address <b>1080 MARIA DRIVE</b>				
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39204</b>		
Site Location: <b>SAME AS ABOVE</b>			Tel:	
Building Size <b>2,340</b>	# of Floors: <b>1</b>	Age in Years: <b>56</b>		
Present Use: <b>VACANT</b>	Prior Use: <b>RESIDENTIAL</b>			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: <b>WILLIE &amp; TONY EDWARDS</b>				
Address: <b>1085 MARIA DRIVE</b>				
City: <b>JACKSON</b>	State: <b>MS</b>	Zip: <b>39204</b>		
Contact: <b>CORETTA LAIRD (CITY OF JACKSON)</b>			Tel: <b>601-960-1054</b>	
REMOVAL CONTRACTOR <b>Dennis Love / ABC-00001930</b>				
Address: <b>6341 Ashley Dr. / 8-5-17</b>				
City: <b>Jackson</b>	State: <b>ms</b>	Zip: <b>39213</b>		
Contact: <b>Dennis Love</b>			Tel: <b>601-940-6884</b>	
OTHER OPERATOR: <b>Dennis Love</b>				
Address: <b>6341 Ashley Dr.</b>				
City: <b>Jackson</b>	State: <b>ms</b>	Zip: <b>39213</b>		
Contact: <b>Dennis Love</b>				
V. IS ASBESTOS PRESENT? (Yes/No) <b>YES</b>				
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: WAYNE SPIRES; CERTIFICATION# AB160007367; CERTIFICATION EXPIRATION DATE: 7/15/2018; DATE OF INSPECTION: 2/26/2016				
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	
Pipes <input checked="" type="checkbox"/>				Ln Ft:      Ln M:
Surface Area <input checked="" type="checkbox"/>	<b>5009 Ft</b>			Sq Ft:      Sq M:
Vol RACM Off Facility Component <input checked="" type="checkbox"/>				Cu Ft:      Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>9-24-17</b>				
Complete:				
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>9-25-17</b>				
Complete:				

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

Asbestos Abatement Followed By mechanical Dem of Building

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

Wet method, Double Bagging, Gross Dem, a Component Removal Bulldozer.

XII. WASTE TRANSPORTER #1

LandFill, City LandFill

Name: Dennis Love

Address: 6341 Ashley Dr.

City: Jackson

State: ms

Zip: 39213

Contact Person: Dennis Love

Tel: 601-940-6884

WASTE TRANSPORTER #2

Same

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Person: Same Dennis Love

Tel: \_\_\_\_\_

XIII. WASTE DISPOSAL SITE

BFI

Name: BFI

Address: 1796 Old Brandon Rd.

City: Flowood

State: ms

Zip: 39232

Tel: \_\_\_\_\_

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:

N/A

Date and Hour of Emergency (MM/DD/YY):

N/A

Description of the sudden unexpected event:

N/A

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 CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:

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.

Dennis Love  
Type or Print Name

Dennis Love  
(Signature of Owner/Operator)

9-14-17  
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis Love  
Type or Print Name

Dennis Love  
(Signature of Owner/Operator)

9-14-17  
(Date)