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SEP 14 2017

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) 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 1758 SHADY LANE DRIVE				
City: JACKSON	State: MS	Zip: 39204		
Site Location: SAME AS ABOVE		Tel:		
Building Size 1,560	# of Floors: 1	Age in Years: 55		
Present Use: VACANT	Prior Use: RESIDENTIAL			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: STATE OF MISSISSIPPI				
Address: 1758 SHADY LANE DRIVE				
City: JACKSON	State: MS	Zip: 39204		
Contact: CORETTA LAIRD (CITY OF JACKSON)		Tel: 601-960-1054		
REMOVAL CONTRACTOR Dennis Love / ABC-00001930				
Address: 6341 Ashley Dr. / 8-5-17				
City: Jackson	State: ms	Zip: 39213		
Contact: Dennis Love		Tel: 601-940-6884		
OTHER OPERATOR: Same				
Address: _____				
City: _____	State: _____	Zip: _____		
Contact: Dennis Love				
V. IS ASBESTOS PRESENT? (Yes/No) YES				
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# AB100007365; CERTIFICATION EXPIRATION DATE: 7/15/2016; DATE OF INSPECTION: 5/11/2016				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	
Pipes 				Ln Ft: Ln M:
Surface Area	400 sq ft			Sq Ft: Sq M:
Vol RACM Off Facility Component 				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 9-26-17		Complete:		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 9-27-17		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 Demolition,
Component Removal, Bulldozer.

XII. WASTE TRANSPORTER #1

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 AS XII

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Contact Person: Same XII

Tel: _____

XIII. WASTE DISPOSAL SITE

BFI

Name: BFI

Address: 1796 Old Bradon 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 CRUMBLED, 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

Type or Print Name

Dennis Love

(Signature of Owner/Operator)

9-14-17

(Date)