

RECEIVED

SEP 1 2017

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 758 WINTER STREET					
City: JACKSON		State: MS		Zip: 39204	
Site Location: SAME AS ABOVE				Tel:	
Building Size 1,995		# of Floors: 1		Age in Years: 67	
Present Use: VACANT		Prior Use: RESIDENTIAL			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: CHARLES & BETTYE EDWARDS					
Address: 758 WINTER STREET					
City: JACKSON		State: MS		Zip: 39204	
Contact: CORETTA LAIRD				Tel: 601-960-1054	
REMOVAL CONTRACTOR Dennis Love					
Address: 6341 Ashley Dr.					
City: Jackson		State: ms		Zip: 39213	
Contact: Dennis Love				Tel: 601-940-6884	
OTHER OPERATOR: Dennis Love					
Address: 6341 Ashley Dr.					
City: Jackson		State: ms		Zip: 39213	
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: WAYNE SPIRES; CERTIFICATION# ABI00007367; CERTIFICATION EXPIRATION DATE: 7/15/2018; DATE OF INSPECTION: 10/5/2015					
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	UNIT
Pipes					Ln Ft: Ln M:
Surface Area			700 sq ft		Sq Ft: Sq M:
Vol RACM Off Facility Component					Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-2-17				Complete:	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-3-17				Complete:	

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

Asbestos Abatement Followed By Mechanical Demolition 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 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

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

BFI

Name:

BFI

Address:

1796 Old Braden 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 Love

Type or Print Name

Dennis Love

(Signature of Owner/Operator)

9-14-17

(Date)