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: 2851 TERESA DRIVE

City: JACKSON	State: MS	Zip: 39212

Site Location: SAME AS ABOVE		Tel:

Building Size 1,430	# of Floors: 1	Age in Years: 56

Present Use: VACANT	Prior Use: RESIDENTIAL

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

OWNER NAME: STATE OF MISSISSIPPI

Address: 2851 TERESA DRIVE

City: JACKSON	State: MS	Zip: 39212

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:

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: WILLIAM LEONARD; CERTIFICATION# ABI00007365; CERTIFICATION EXPIRATION DATE: 7/15/2016; DATE OF INSPECTION: 4/20/2016

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	900 SqFt			SqFt:	Sq M:
Vol RACM Off Facility Component ⌀				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-4-17	Complete:

| IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-5-17 | Complete: |

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

Asbestos Abatement Followed By mechanical Demo 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, 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 XII

Name:

Address:

City:	State:	Zip:
Contact Person:		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 ASTESTOS 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	Dennis Love	9-14-17
Type or Print Name	(Signature of Owner/Operator)	(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis Love	Dennis Love	9-14-17
Type or Print Name	(Signature of Owner/Operator)	(Date)