

RECEIVED

NOV 06 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)				Original			
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation)				Demolition			
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name:							
Address: 5552 Dolphin Drive							
City: Jackson			State: MS		Zip: 39209		
Site Location: Same as above			Tel: 601-960-1054				
Building Size 1,380			# 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: State of MS							
Address: Same as above							
City: Jackson			State: MS		Zip: 39209		
Contact: City of Jackson (Coretta Laird)			Tel: 601-960-1054 or 601-960-1056				
REMOVAL CONTRACTOR: John M. Selva							
Address: 23 Mary Lane							
City: Woodville			State: MS		Zip: 39669		
Contact: John M Selva			Tel: 601-502-5613				
OTHER OPERATOR: Selva Construction							
Address: P.O. Box 471							
City: Bolton			State: MS		Zip: 39041		
Contact: James Selva			601-502-5614				
V. IS ASBESTOS PRESENT? (Yes/No) Yes, Den Floor, Floor Tile & Wall Sheetrock in Living Room, Bottom Layer Floor & Ceiling Transite Pipe							
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 Spiers; Certification# ABI00007367; Certification Expiration Date: 1/25/2018; Date of Inspection: 4/25/2017							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:			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			RACM To Be Removed		UNIT		
Pipes			Den Floor Tile		Ln Ft: 144'		Ln M:
Surface Area			Living Room Sheetrock		Sq Ft: 144' x 144' = 20736		Sq M:
Vol RACM Off Facility Component			Kitchen ceiling & pipe		Cu Ft: 10*		Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:				11/20/17		Complete: 11/21/17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:				11/22/17		Complete: 12/22/17	

(1)

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 Selvage

Address:

23 Mary Lane

City:

Woodville

State:

MS

Zip:

39669

Contact Person:

John Selvage

Tel:

601-502-5613

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

BFI Land Fill

Address:

~~BFI Land Fill~~ 1716 E County line Road

City:

Ridgeland

~~1716 E C~~

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 Selvage

Type or Print Name

James Selvage

(Signature of Owner/Operator)

11/03/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

James Selvage

Type or Print Name

James Selvage

(Signature of Owner/Operator)

11/03/2017

(Date)