

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 2350 Martin Luther King Jr Drive			
City: Jackson	State: MS	Zip: 39213	
Site Location: Same as above		Tel: 601-960-1054	
Building Size 1,748	# 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: Josephine Carter			
Address: 1612 Benzie Circle			
City: Romeoville	State: IL	Zip: 60446	
Contact: City of Jackson (Coretta Laird)		Tel: 601-960-1054 or 601-960-1056	
REMOVAL CONTRACTOR <i>John m. Selvage</i>			
Address: <i>23 Mary Lane</i>			
City: <i>Woodville</i>	State: <i>MS</i>	Zip: <i>39669</i>	
Contact: <i>John m Selvage</i>		Tel: <i>601-502-5613</i>	
OTHER OPERATOR: <i>Selvage Const.</i>			
Address: <i>P.O. Box 471</i>			
City: <i>Bolton</i>	State: <i>MS</i>	Zip: <i>39041</i>	
Contact: <i>James Selvage</i>		<i>601-502-5614</i>	
V. IS ASBESTOS PRESENT? (Yes/No) Yes, Exterior Siding, Beige & White Sheetrock in Living Room, Black & Green 2nd Layer Kitchen Floor Tile			
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: 1/25/2018; Date of Inspection: 5/3/2017			
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed	
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		RACM To Be Removed	
		Category I	Category II
Pipes			Ln Ft: Ln M:
Surface Area	<i>Ext wall Siding Living part</i>		Sq Ft: <i>1,748</i> Sq M:
Vol RACM Off Facility Component			Cu Ft: <i>200+</i> Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>11/23/17</i>		Complete: <i>11/24/17</i>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>11/24/17</i>		Complete: <i>12/24/17</i>	

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Department of Environmental Quality

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: 39664
 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: 1716 E County line Rd
 City: Ridgeland 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 CRUMBLLED, 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 James Selvage 11/31/2017
 Type or Print Name Signature of Owner/Operator (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

James Selvage James Selvage 11/31/2017
 Type or Print Name Signature of Owner/Operator (Date)