

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 2360 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: Rebuilding Jackson LLC				
Address: PO Box 1248				
City: Jackson	State: MS	Zip: 39215		
Contact: City of Jackson (Coretta Laird)		Tel: 601-960-1054 or 601-960-1056		
REMOVAL CONTRACTOR John Selvage				
Address: 23 Mary Lane				
City: Woodville	State: MS	Zip: 39669		
Contact: John Selvage		Tel: 601-502-5613		
OTHER OPERATOR: Selvage Const.				
Address: P.O. Box 471				
City: Bolton	State: MS	Zip: 39041		
Contact: John Selvage		Tel: 601-502-5613		
V. IS ASBESTOS PRESENT? (Yes/No) Yes, Exterior Siding, Sheetrock in Living Room Ceiling				
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:				
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				Ln Ft: Ln M:
Surface Area	Exterior Siding			Sq Ft: 2000 Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/24/17		Complete: 11/27/17		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11/27/17		Complete: 12/27/17		

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Dept. 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:

Address:

City:

State:

Zip:

Contact Person:

Tel:

WASTE TRANSPORTER #2

~~John M. Selvage~~

Name:

John M Selvage

Address:

23 Mary Lane

City:

Woodville

State:

MS

Zip:

39669

Contact Person:

John M Selvage

Tel:

601-502-5613

XIII. WASTE DISPOSAL SITE

Name:

BFI Land Fill

Address:

1716 E County Line Road

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
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)