

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: 2804 Arbor Hills Drive									
City: Jackson	State: MS	Zip: 39213							
Site Location: Same as above	Tel: 601-960-1054								
Building Size: 1,638	# 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: Cedric Jones									
Address: 3505 Lampton Avenue									
City: Jackson	State: MS	Zip: 39213							
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:									
V. IS ASBESTOS PRESENT? (Yes/No) Yes, Gray Siding									
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: 1/25/2018; Date of Inspection: 5/16/2017									
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below					
<ol style="list-style-type: none"> Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed 		<table border="1"> <tr> <td>RACM To Be Removed</td> <td></td> </tr> <tr> <td>Category I</td> <td>Category II</td> </tr> </table>		RACM To Be Removed		Category I	Category II	UNIT	
RACM To Be Removed									
Category I	Category II								
Pipes				Ln Ft:	Ln M:				
Surface Area	Siding		1550	Sq Ft: 1550	Sq M:				
Vol RACM Off Facility Component				Cu Ft:	Cu M:				
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/6/17		Complete: 12/8/17							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/8/17		Complete: 1/8/18							

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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:

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop - Inspect - Contact M.D.E.O

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

11/31/2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

James Selvage

Type or Print Name

James Selvage

Signature of Owner/Operator

11/31/2017

(Date)