

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 919 Canal Street					
City: Jackson	State: MS	Zip: 39203			
Site Location: Same as above		Tel: 601-960-1054			
Building Size 1,485	# 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: Eddie G Thomas Et Al					
Address: Same as above					
City: Jackson	State: MS	Zip: 39203			
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: 39041			
Contact: John Selvage		Tel: 601-502-5613			
OTHER OPERATOR: Selvage Construction					
Address: PO Box 471					
City: Bolton	State: MS	Zip: 39041			
Contact: James Selvage - 601-502-5614					
V. IS ASBESTOS PRESENT? (Yes/No) Yes, Gray/White 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			
<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	Indicate Unit of Measurement Below		
			Category I	Category II	UNIT
Pipes				LnFt:	Ln M:
Surface Area		Siding		SqFt: 1220	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/1/2017			Complete: 12/4/2017		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/4/2017			Complete: 1/4/2018		

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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 Remove - 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

XII. WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI Landfill

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

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

James Selvage

Type or Print Name

(Signature of Owner/Operator)

(Date)