

74690

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project # ABC-00001930		Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)	
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) O					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) D					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name:					
Address 2514 IDAHO STREET					
City: Jackson		State: MS	Zip: 39213		
Site Location: Same as above			Tel:		
Building Size 1,896		# of Floors: 1	Age in Years: 64		
Present Use: Vacant		Prior Use: Residential			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: STATE OF MISSISSIPPI					
Address: 125 SOUTH CONGRESS ST					
City: JACKSON		State: MS	Zip: 39201		
Contact: City of Jackson (Samantha Graves)			Tel: 601-960-1054/601-960-1426		
REMOVAL CONTRACTOR Dennis Love					
Address: 6341 Ashley Dr.					
City: Jackson		State: ms	Zip: 39213		
Contact: Dennis			Tel: 601-940-6884		
OTHER OPERATOR: Same					
Address: _____					
City: _____		State: _____	Zip: _____		
Contact: _____					
V. IS ASBESTOS PRESENT? (Yes/No) YES					
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 BULK PLM (NVLAP LAB)- Inspector: WAYNE SPIRES: Certification: ABI-00007367; Date of Inspection: 07/06/2017					
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: 15	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11-29-18 Complete: 11-29-18					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11-30-18 Complete: 11-30-18					

NOV 14 2018

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Demolish Structure and remove remain of house, cut Grass + weed + Concrete.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

XII. WASTE TRANSPORTER #1

Dennis Love

Name: BFI

Address: 1716 County Line Rd.

City: Jackson

State: ms

Zip: 39213

Contact Person: Dennis Love

Tel: 601-940-6884

WASTE TRANSPORTER #2

Name: Dennis Love

Address: City of Jackson

City: Byran

State: ms

Zip: 39205

Contact Person: Dennis Love

Tel: 601-940-6884

XIII. WASTE DISPOSAL SITE LandFill

Name: Same

Address: _____

City: _____

State: _____

Zip: _____

Tel: _____

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: City of Jackson Samantha Graves

Title: Code Enforcement Officer

Authority: CITY OF JACKSON

Date of Order (MM/DD/YY): 08/21/18

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:

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.

Dennis Love
Type or Print Name

Dennis Love
(Signature of Owner/Operator)

11-14-18
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis Love
Type or Print Name

Dennis Love
(Signature of Owner/Operator)

11-14-18
(Date)