74695

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) 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 3326 Sears Street

City: Jackson	State: MS	Zip: 39213
Site Location: Same as above		Tel:
Building Size 1,296	# of Floors: 1	Age in Years: 66
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 Love		Tel:

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: LONNIE MOSES: Certification: ABI-00007296; Date of Inspection: 02/09/2016

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				LnFt:	Ln M:
Surface Area	Ceiling		135 sq ft	SqFt: 135	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-3-18 Complete: 12-3-18

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12-3-18 Complete: 12-5-18

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

Demolish Structure and remain of house cut grass & weed, Concete.

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

City: Jackson | State: MS | Zip: 39213

Contact Person: Dennis Love | Tel: 601-940-6884

WASTE TRANSPORTER #2 ~~Land Fill~~ Dennis Love

Name: City of Jackson

Address:

City: Byran | State: MS | Zip: 39205

Contact Person: Dennis Love | Tel: 601-940-6884

XIII. WASTE DISPOSAL SITE Land Fill

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 ASTESTOS MATERIAL BECOMES CRUMBLED, 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)