

Rev

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 12.07.2022	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): R				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: Residential House				
Address: 226 W. PASCAGOULA ST.				
City: JACKSON		State: MS	Zip: 39201	
Site Location: Same as above				Tel:
Building Size:		# of Floors:	Age in Years:	
Present Use:		Prior Use:		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: CITY OF JACKSON				
Address: 219 W PASCAGOULA ST.				
City: JACKSON		State: MS	Zip: 39201	
Contact: Sherri Archie			Tel: 601-960-1054 or 601-960-2470	
ASBESTOS REMOVAL CONTRACTOR: LOVE TRUCKING REMOVAL CO., INC				
Address: 6341 Ashley Dr				
City: Jackson		State: ms	Zip: 39213	
Contact: Dennis Love			Tel: 601-940-6884 Cell	
Certification Number: ABC-00001930			Expiration Date: 8-26-23	
OTHER OPERATOR: Same				
Address: _____				
City: _____		State: _____	Zip: _____	
Contact: _____			Tel: _____	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 7/20/22	
Inspector: SAMANTHA GRAVES		Certification Number: ABI-00009825	Expiration Date: 11/17/2022	
<b>VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b>				
EPA 600/R-93-116 BULK POLARIZED LIGHT MICROSCOPY (NVLAP LAB) Ceiling Tile Front Rm Gray 15% / Polarized Light microscopy				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT): N/A		Surface Area (SQ FT): 24x24	Volume of Facility Components (CU FT): 576	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b> N/A				
Category I: N/A			Category II: N/A	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 12-21-22			Complete: 12-23-22	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 12-27-22			Complete: 1-5-23	

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MDEQ OPG

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

Demolish and Remove Remain of Dilapidated House, Trash, Debris, Foundation, Steps, Driveway Cut grass and Weeds + remove Asbestos.

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

Wet method + Remove Intact

XIII. WASTE TRANSPORTER #1

Name: Dennis Love

Address: 6341 Ashley Dr

City: Jackson

State: MS

Zip: 39213

Contact Person: Dennis Love

Tel: 601-940-6884 Cell

WASTE TRANSPORTER #2

Name: Same

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tel: \_\_\_\_\_

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 N. County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Samantha

Tel: 601-982-9488 Office

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

Name: SAMANTHA GRAVES

Title: Supervisor

Authority: City of Jackson

Date of Order (MM/DD/YY): 12/2/22

Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS:

N/A

Date and Hour of Emergency (MM/DD/YY):

N/A

Description of the sudden unexpected event:

N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

XVII. 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:

N/A

XVIII. 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)

12-7-22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis Love

Type or Print Name

Dennis Love

(Signature of Owner/Operator)

12-7-22

(Date)

