

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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 4/15/2024	AI Number
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: Residential House				
Address: 2356 HICKORY DR				
City: JACKSON		State: MS	Zip: 39204	
Site Location: Same as above				Tel:
Building Size: 1,467		# of Floors: 1	Age in Years: 74	
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: KOD REBUILD LAND TRUST				
Address: 7741 N MILITARY TRL STE 1				
City: PALM BEACH GARDENS		State: FL	Zip: 33410	
Contact: City of Jackson			Tel: 601-960-1054	
ASBESTOS REMOVAL CONTRACTOR: LOVE TRUCKING CO, INC.				
Address: 761 WOODLAKE DR				
City: JACKSON		State: MS	Zip: 39206	
Contact: Dennis Love			Tel: 601-940-6884	
Certification Number: ABC-00001930		Expiration Date: 8-15-24		
OTHER OPERATOR: Same				
Address: _____				
City: _____		State: _____	Zip: _____	
Contact: _____			Tel: _____	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 6-19-2023	
Inspector: Marcus Scott		Certification Number: ABI-00011873	Expiration Date: 11-23-2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
EPA 600/R-93-116 BULK POLARIZED LIGHT MICROSCOPY (EAS)				
INSULATION, SHEETROCK, SIDING, FELT PAPER				
Gray Transite Siding 50x45				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT): N/A	Surface Area (SQ FT): 2,250		Volume of Facility Components (CU FT): 50x45	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: N/A			Category II: N/A	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-27-24		Complete: 5-28-24		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-29-24		Complete: 5-30-24		

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

Demolish and remove remains of Dilapidated house (Ruin), debris foundation, steps, driveway, cut grass & weeds and 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 Tel: 601-440-8584

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: Sumathia Tel: 601-982-9485

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

Name: Samantha Graves Title: Manager
Authority: City of Jackson
Date of Order (MM/DD/YY): 2/1/2024 Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS:

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER:

(contain & seal off work area/wet materials, utilize negative air (Hera) filtered equipments as necessary, wear Asbestin Paj.

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) 4-15-24 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis Love (Type or Print Name) Dennis Love (Signature of Owner/Operator) 4-15-24 (Date)