

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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 4/18/2024	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O <input checked="" type="radio"/> R				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input checked="" type="radio"/> D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residential House				
Address: 2126 BELVEDERE DR				
City: JACKSON		State: MS	Zip: 39204	
Site Location: Same as above			Tel:	
Building Size: 1,276		# of Floors: 1	Age in Years: 74	
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: DOSS BERNARD				
Address: 2126 BELVEDERE DR				
City: JACKSON		State: MS	Zip: 39204	
Contact: City of Jackson			Tel: 601-960-1054 or 601-960-2470	
ASBESTOS REMOVAL CONTRACTOR: Love Trucking Co. LLC				
Address: 6341 Ashley Dr.				
City: JACKSON		State: MS	Zip: 39213	
Contact: Dennis Love			Tel: 601-940-6884	
Certification Number: ABC-00001930			Expiration Date: 8-15-2024	
OTHER OPERATOR: Four Seasons Enterprise				
Address: 5822 Canton Park Dr.				
City: JACKSON		State: MS	Zip: 39211	
Contact: Robert Love			Tel: 601-331-2828	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 05/10/23	
Inspector: Vincent McDonald		Certification Number: ABI-00011874	Expiration Date: 11/23/2024	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EMSL) BRICK MORTAR, FELT PAPER, SHINGLES, SHEET ROCK, CERAMIC SIDING, INSULATION				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): NA	Surface Area (SQ FT): 34x50	Volume of Facility Components (CU FT): (Siding) 1,700		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4-29-2024 Complete: 4-30-2024				
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-6-2024 Complete: 5-14-2024				

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

DEMO AND REMOVE REMAINS OF DILAPIDATED HOUSE, TRASH, Debris, cut GRASS + Weeds

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: Dewis Love

Address: 6341 Ashley DR.

City: JACKSON

State: MS.

Zip: 39213

Contact Person: Dewis Love

Tel: 601-940-6884

WASTE TRANSPORTER #2

Name:

Address:

City:

Zip:

Contact Person:

Tel:

XIV. WASTE DISPOSAL SITE

Name: little Dixie landfill

Address: 1716 North Countyline Rd.

City: Ridgeland

State: MS.

Zip: 39157

Contact Person: SAMANTHA

Tel: 601-983-9488

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): 4/5/2024

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

XVI. FOR EMERGENCY RENOVATIONS: NA

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

Description of the sudden unexpected event:

NA

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

NA

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:

CONTAIN + Seal off, WORK Area, wet MATERIALS, Utilze Negative Air Chela filtered Equipment AS Necessary, Seal Asbestiw Bags.

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.

Robert love

Type or Print Name

Robert Love

(Signature of Owner/Operator)

4-18-2024

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Robert love

Type or Print Name

Robert Love

(Signature of Owner/Operator)

4-18-2024

(Date)