

# 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 <b>9.25.2023</b>	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R O</b>				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>D</b>				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residential House				
Address: 750 PRIMOS AVE.				
City: JACKSON		State: MS	Zip: 39209	
Site Location: Same as above			Tel:	
Building Size: 1305		# of Floors: 1	Age in Years: 65	
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: BELL TERESA				
Address: 750 PRIMOS AVE.				
City: JACKSON		State: MS	Zip: 39209	
Contact: City of Jackson			Tel: 601-960-1054 or 601-960-2470	
ASBESTOS REMOVAL CONTRACTOR: LOVE TRUCKING CO., INC.				
Address: 6341 Ashley Dr				
City: JACKSON		State: MS	Zip: 39213	
Contact: Dennis Love			Tel: 601-940-6884	
Certification Number: ABC-00001930			Expiration Date: Aug 15, 2024	
OTHER OPERATOR: Same Dennis				
Address: 6341 Ashley Dr				
City: Jackson		State: MS	Zip: 39213	
Contact: Dennis			Tel: 601-940-6884	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 2/6/2020	
Inspector: ROBERT BRUNSON		Certification Number: ABI-00008315	Expiration Date: 11/17/2022	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EMSL) EXTERIOR ROOF SHINGLES, EXTERIOR ROOF FELT, EXTERIOR SIDING, EXTERIOR SIDING FELT. <b>Transite Siding Chrysotile 40% "Gray" / Ex Roof Felt Ex Siding Felt</b>				
VII. QUANTITY OF RACM TO BE REMOVED: <b>N/A</b>				
Pipes (LN FT): <b>N/A</b>		Surface Area (SQ FT): <b>12x12</b>	Volume of Facility Components (CU FT): <b>144</b>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <b>N/A</b>			Category II: <b>N/A</b>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>11-24-23</b>			Complete: <b>11-26-23</b>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>11-27-23</b>			Complete: <b>11-30-23</b>	

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XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:  
Demolish and Remove Remains 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 Tel: 601-940-6884

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: Manager  
Authority: City of Jackson  
Date of Order (MM/DD/YY): 8/16/2023 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 CRUMBLER, 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 W Love (Type or Print Name) Dennis W Love (Signature of Owner/Operator) 9-25-23 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis W Love (Type or Print Name) Dennis W Love (Signature of Owner/Operator) 9-25-23 (Date)