#Rev 11 . 21

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)
ABC-00001930		12.25.21	

I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) Ø R

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) A

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Residential House

Address 3502 N HINES ST

City: Jackson | State: MS | Zip: 39212

Site Location: Same as above | Tel:

Building Size 936 | # of Floors: 1 | Age in Years: 70

Present Use: Vacant | Prior Use: Residential

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: STATE OF MISSISSIPPI

Address: 125 S CONGRESS ST

City: JACKSON | State: MS | Zip: 39201

Contact: CITY OF JACKSON | Tel: 601-960-1054

REMOVAL CONTRACTOR LOVE TRUCKING CO. INC.

Address: 6341 Ashley Dr

City: Jackson | State: MS | Zip: 39213

Contact: Dennis | Tel: 601-940-6884 Cell

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):

SAMANTHA GRAVES- 3/12/20 EPA 600/R-93/116 METHOD USING POLARIZED LIGHT MICROSCOPY

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 Siding/fishire	9x9			SqFt: 81	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12-27-21 Complete: 12-28-21

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12-29-21 Complete: 12-30-21

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

Demolish Structure remove remains, weeds, Cut grass remove Asbestos.

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

Wet method

XII. WASTE TRANSPORTER #1

Name: Dennis Love

Address: 6341 Ashley Dr.

City: Jackson State: ms Zip: 39213

Contact Person Dennis Tel: 601-940-6884 Cell

WASTE TRANSPORTER #2

Name: Same

Address:

City: State: Zip:

Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: BFI

Address: 1716 N. County Line Rd

City: Ridgeland State: ms Zip: 39157

Tel: 601-982-9488

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

Name: ROBERT BRUNSON Title: Code Enforcement Supervisor

Authority: CITY OF JACKSON

Date of Order (MM/DD/YY): 9/29/2020 Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

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

Description of the sudden unexpected even:

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:

Stop Work

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) 10-25-21 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis Love (Type or Print Name) Dennis Love (Signature of Owner/Operator) 10-25-21 (Date)