

# 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>5/27/2022</b>	AI Number
<b>I. Type of Notification</b> (O=Original R=Revised C=Canceled A= Annual): <b>R</b>				
<b>II. TYPE OF OPERATION</b> (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <b>D</b>				
<b>III. FACILITY DESCRIPTION</b> (Include building name, number and floor or room number):				
Bldg. Name: Residential House				
Address: 3830 SKYLINE DR.				
City: JACKSON		State: MS	Zip: 39213	
Site Location: Same as above				Tel:
Building Size: 864		# of Floors: 1	Age in Years: 63	
Present Use:		Prior Use:		
<b>IV. FACILITY INFORMATION</b> (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: STATE OF MISSISSIPPI				
Address: P O BOX 136				
City: JACKSON		State: MS	Zip: 39205	
Contact: City of Jackson			Tel: 601-960-1054 or 601-960-2470	
ASBESTOS REMOVAL CONTRACTOR: LOVE TRUCKING				
Address: 6341 Ashley Dr				
City: Jackson		State: ms	Zip: 39213	
Contact: Dennis			Tel: 601-940-6884 Cell	
Certification Number: ABC-00001930			Expiration Date: <del>0000</del>	
OTHER OPERATOR: Dennis Love				
Address: 6341 Ashley Dr				
City: Jackson		State: ms	Zip: 39213	
Contact: Dennis			Tel: 601-940-6884 Cell	
<b>V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS?</b> (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 11/16/20	
Inspector: ANTWAR BENNETT		Certification Number: ABI-00007365	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)				
<b>VII. QUANTITY OF RACM TO BE REMOVED:</b>				
Pipes (LN FT): none		Surface Area (SQ FT): 12x12	Volume of Facility Components (CU FT): 144	
<b>VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:</b>				
Category I:			Category II:	
<b>IX. SCHEDULED DATES ASBESTOS REMOVAL</b> (MM/DD/YY) Start: 6-8-22			Complete: 6-9-22	
<b>X. SCHEDULED DATES DEMO/RENOVATION</b> (MM/DD/YY) Start: 6-10-22			Complete: 6-14-22	

RECEIVED

MAY 27 2022

DEPT. OF ENVIRONMENTAL QUALITY

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

Demolish street removal remaining weeds lot grass 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

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 same

Name: \_\_\_\_\_

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

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

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

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

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

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

XIV. WASTE DISPOSAL SITE

Name: B.F.I

Address: 1716 N County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person: 601-942-9484

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

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

Name: SAMANTHA GRAVES

Title: Officer Supervisor

Authority: City of Jackson

Date of Order (MM/DD/YY): 5/16/22

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

XVI. FOR EMERGENCY RENOVATIONS:

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

Description of the sudden unexpected event: \_\_\_\_\_

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

XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

STOP WORK

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

[Signature]

(Signature of Owner/Operator)

5-27-22

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis Love

Type or Print Name

[Signature]

(Signature of Owner/Operator)

5-27-22

(Date)