

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 05/21/2024	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: 22343 HICKORY DRIVE 2343 Hickory Drive				
City: JACKSON		State: MS	Zip: 39204	
Site Location: Same as above			Tel:	
Building Size: 2826		# of Floors: 1	Age in Years: 78	
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: JHS LTD PARTNERSHIP				
Address: P O BOX 320576				
City: FLOWOOD		State: MS	Zip: 39232	
Contact: City of Jackson			Tel: 601-960-1054 or 601-960-2470	
ASBESTOS REMOVAL CONTRACTOR: LOVE TRUCKING COMPANY				
Address: 6341 ASHLEY DRIVE				
City: JACKSON		State: MS	Zip: 39203	
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: 06/19/2023	
Inspector: MARCUS SCOTT		Certification Number: ABI-00011873	Expiration Date: 11/123/2023 11/26/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EAS) SHEET ROCK, FELT PAPER, FLOOR TILES, SIDING, INSULATION, SHINGLES Tan 10% / Gray 40%				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT): N/A		Surface Area (SQ FT): 65x30	Volume of Facility Components (CU FT): 1,950	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I: N/A			Category II: N/A	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 6-20-24			Complete: 6-21-21	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 6-24-24			Complete: 6-26-26	

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
 Demolish and Remove Remains of Dilapidate house trash, Debris Foundation, Step, 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 Love 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: 661-922-9422

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): 5/8/2024 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 CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Contain & Seal off work area, wet materials, utilize negative air (Hela) Filtered Equipment as necessary. Seal Asbestin 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.

Dennis Love (Type or Print Name) Dennis Love (Signature of Owner/Operator) 5-21-24 (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis Love (Type or Print Name) Dennis Love (Signature of Owner/Operator) 5-21-24 (Date)