

# 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 01/26/2024	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=Rénovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residential House				
Address: 946 N. CONGRESS ST.				
City: JACKSON	State: MS	Zip: 39202		
Site Location: Same as above			Tel:	
Building Size: 4,071	# of Floors: 1	Age in Years: 84		
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: MSTREO LLC				
Address: 4747 EXECUTIVE DR STE 510				
City: SAN DIEGO	State: CA	Zip: 92121		
Contact: City of Jackson			Tel: 601-960-1054 or 601-960-2470	
ASBESTOS REMOVAL CONTRACTOR: LOVE TRUCKING CO., INC.				
Address: 761 WOODLAKE DR.				
City: JACKSON	State: MS	Zip: 39206		
Contact: Dennis			Tel: 601-940-6884 Cell	
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: 12/14/2020	
Inspector: SAMANTHA GRAVES	Certification Number: ABI-00009825	Expiration Date: 11/17/2022 10/27/2024		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
EPA 600/R-93-116 BULK POLARIZED LIGHT MICROSCOPY (EAS)				
EXTERIOR SIDING, EXTERIOR SIDING FELT, EXTERIOR ROOF SHINGLE, EXTERIOR SHINGLE FELT, FRONT LEFT ROOM BURNED DEBRIS, 2 LEFT ROOM FIRE PLACE BRICK MORTAR, BACK LEFT ROOM BURNED DEBRIS				
Transite Siding 86x54				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT): N/A	Surface Area (SQ FT): 4,644	Volume of Facility Components (CU FT):		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: N/A	Category II: N/A			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 2-27-24			Complete: 2-29-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-4-24			Complete: 3-7-24	

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

Demolish and Remove Remains of Dilapidated House Trash Debris, Foundation, Step, Driveway, Cut Grass, and weeds, + Asbest.

**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): 12/11/2023

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:**

Contain + Seal off work area, wet materials, utilize negative air (Hela Filter Equipment as necessary) Seal Asbestos in Bag

**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)

1-28-24

(Date)

**XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:**

Dennis Love

Type or Print Name

Dennis Love

(Signature of Owner/Operator)

1-28-24

(Date)