

# 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=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residential House				
Address: 1028 BARBARA ANN DR				
City: JACKSON	State: MS	Zip: 39204		
Site Location: Same as above			Tel:	
Building Size: 1,932	# of Floors: 1	Age in Years: 64		
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: GRANGER CALEB J				
Address: 11358 CREEKSTONE LN				
City: SAN DIEGO	State: CA	Zip: 92128		
Contact: City of Jackson			Tel: 601-960-1054 or 601-960-2470	
ASBESTOS REMOVAL CONTRACTOR: LOVE TRUCKING CO., INC.				
Address: 761 WOODLAKE DRIVE				
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: 08/07/2023	
Inspector: VINCENT McDONALD	Certification Number: ABI-00011874	Expiration Date: 11/23/2023 10/27/2024		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
EPA 800/R-93-116 BULK POLARIZED LIGHT MICROSCOPY (EAS) SHINGLES, SHEETROCK, BRICK MORTAR, VINYL SIDING Transite Siding 45'x50'				
VII. QUANTITY OF RAGM TO BE REMOVED: N/A				
Pipes (LN FT): N/A	Surface Area (SQ FT): 2750	Volume of Facility Components (CU FT): N/A		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: N/A	Category II: N/A			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-11-24		Complete: 3-13-24		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-15-24		Complete: 3-20-24		

**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 Asbest 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)

12-24

(Date)

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

Dennis Love

Type or Print Name

Dennis Love

(Signature of Owner/Operator)

12-24

(Date)