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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 4/15/2024	AI Number 86202
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R			
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 Love			Tel:
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 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EAS) SHINGLES, SHEETROCK, BRICK MORTAR, VINYL SIDING Gray Transite Siding 45x50			
VII. QUANTITY OF RACM TO BE REMOVED: N/A			
Pipes (LN FT): W/A	Surface Area (SQ FT): 2,250	Volume of Facility Components (CU FT): 45x50	
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: 4-29-24		Complete: 5-1-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-2-24		Complete: 5-3-24	

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

Tel: 601-940-6984

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

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): 2/1/2024

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

XVI. FOR EMERGENCY RENOVATIONS:

N/A

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 equipments as necessary, Seal Asbestos 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)

4-15-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis Love

Type or Print Name

Dennis Love

(Signature of Owner/Operator)

4-15-24

(Date)