

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 2/4/2025	AI Number 88155
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O <input checked="" type="radio"/> 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: 6762 HARRY S TRUMAN DRIVE				
City: JACKSON		State: MS	Zip: 39213	
Site Location: Same as above			Tel:	
Building Size: 1,343		# of Floors: 1	Age in Years: 54	
Present Use: N/A		Prior Use: N/A		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: WEATHERSBY MELINDA				
Address: 6762 HARRY S TRUMAN DRIVE				
City: JACKSON		State: MS	Zip: 39213	
Contact: City of Jackson			Tel: 601-960-1054 or 601-960-1066	
ASBESTOS REMOVAL CONTRACTOR: <i>FOUR SEASONS ENTERPRISES, LLC</i>				
Address: <i>6341 Ashley DR.</i>				
City: JACKSON		State: MS	Zip: 39211	
Contact: <i>Dennis Love</i>			Tel: <i>601-940-6884</i>	
Certification Number: <i>ABC-0001930</i>			Expiration Date: <i>8-15-25</i>	
OTHER OPERATOR: <i>Four Seasons Enterprise</i>				
Address: <i>5822 Canton Park DR.</i>				
City: <i>Jackson</i>		State: <i>MS.</i>	Zip: <i>39211</i>	
Contact: <i>Robert Love</i>			Tel: <i>601-331-2828</i>	
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: <i>04/24/2024</i> 2024	
Inspector: Robert Brunson		Certification Number: ABI-00008315	Expiration Date: 10/27/2025 10/25/2025	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EMSL) MORTAR, SIDING, SIDING FELT, SHINGLE, FELT, INSULATION (HOMO), SHEETROCK (HOMO), BURN DEBRIS(HALLWAY), BURN DEBRIS (BEDROOM), FLOOR TILE (HOMO TO KITCHEN 6x 10)				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT): <i>0</i>		Surface Area (SQ FT):	Volume of Facility Components (CU FT): <i>1350</i>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: <i>0</i>				
Category I: <i>/</i>			Category II: <i>/</i>	
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <i>2-17-2025</i>			Complete: <i>2-19-2025</i>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <i>2-24-2025</i>			Complete: <i>2-27-2025</i>	

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

Demolish and Remove Remaining Dilapidated House, TRASH, Debris
Cut GRASS + weeds if Needed.

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: Robert love
Address: 5522 Canton Park Dr
City: JACKSON State: MS Zip: 39211
Contact Person: Robert love Tel: 601-331-2828

WASTE TRANSPORTER #2

Name: ()
Address:
City: State: Zip:
Contact Person: Tel:

XIV. WASTE DISPOSAL SITE

Name: little Dixie landfill
Address: 1716 E. Countyline Rd.
City: JACKSON State: MS Zip: 39157
Contact Person: SAMATHA 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): 4/5/2024 Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS:

NA

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

NA

Description of the sudden unexpected event:

NA

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

NA

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, chela Filtered Equipment As Necessary ASbestos 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)

1-4-2025

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Robert love

Type or Print Name

Robert love

(Signature of Owner/Operator)

1-6-2025

(Date)