

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 88130
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <input type="radio"/> O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <input type="radio"/> D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residential House				
Address: 6543 GEORGE WASHINGTON DR				
City: JACKSON		State: MS	Zip: 39213	
Site Location: Same as above				Tel:
Building Size: 1,252		# of Floors: 1	Age in Years: 52	
Present Use: N/A		Prior Use: N/A		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: RATCLIFF OZIE B				
Address: 6543 GEORGE WASHINGTON DR				
City: JACKSON		State: MS	Zip: 39213	
Contact: City of Jackson				Tel: 601-960-1054 or 601-960-1066
ASBESTOS REMOVAL CONTRACTOR: Dennis Love				
Address: 6341 Ashley Dr.				
City: JACKSON		State: MS	Zip: 39211	
Contact: Dennis Love				Tel: 601-940-6884
Certification Number: ABC 0001930			Expiration Date: 8-15-25	
OTHER OPERATOR: Four Seasons Enterprise				
Address: 5822 Canton Park Dr.				
City: JACKSON		State: MS	Zip: 39211	
Contact: Robert Love				Tel: 601-331-2828
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES			Inspection Date: 04/24/2004 2024	
Inspector: Vincent McDonald		Certification Number: ABI-00011874	Expiration Date: 11/23/2025 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) SHINGLE, SIDING				
VII. QUANTITY OF RACM TO BE REMOVED:				
Pipes (LN FT):	Surface Area (SQ FT):	Volume of Facility Components (CU FT): 1350		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I:		Category II:		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 3-10-2025			Complete: 3-13-2025	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 3-17-2025			Complete: 3-20-2025	

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 Intest

XIII. WASTE TRANSPORTER #1

Name: Robert Love

Address: 5822 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. County Line Rd

City: Jackson

State: MS

Zip: 39157

Contact Person: Samantha

Tel: 601-982-9489

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.

Devin Love
Type or Print Name

Devin 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)

1-6-2024
(Date)