

DEF

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

|  |                                  |   |  |           |
|--|----------------------------------|---|--|-----------|
| MDEQ Use Only:<br><input checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery |                                  | Postmark (mail only)                      | Date Received<br>05/26/2025                        | AI Number |
| I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): <u>O</u>  |                                  |   |  |           |
| II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): <u>D</u>   |                                  |   |  |           |
| III. FACILITY DESCRIPTION (Include building name, number and floor or room number): <u>Residential</u>                           |                                  |   |  |           |
| Bldg. Name: <u>Residential House</u>   |                                  |   |  |           |
| Address: <u>119 NEATHERWOOD DR</u>   |                                  |   |  |           |
| City: <u>JACKSON</u>   |                                  | State: <u>MS</u>                          | Zip: <u>39212</u>                                  |           |
| Site Location: <u>Same as above</u>  |                                  |   | Tel:   |           |
| Building Size: <u>1,012</u>  |                                  | # of Floors: <u>1</u>                     | Age in Years: <u>75</u>                            |           |
| Present Use: <u>abandoned single family dwelling</u>   |                                  | Prior Use: <u>single family dwelling</u>  |  |           |
| IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)                                       |                                  |   |  |           |
| OWNER NAME: <u>STATE OF MISS</u>   |                                  |   |  |           |
| Address: <u>P O BOX 136</u>  |                                  |   |  |           |
| City: <u>JACKSON</u>   |                                  | State: <u>MS</u>                          | Zip: <u>39205-0136</u>                             |           |
| Contact: <u>City of Jackson</u>  |                                  |   | Tel: <u>601-960-1054 or 601-960-2747</u>           |           |
| ASBESTOS REMOVAL CONTRACTOR: <u>Dennis have</u>  |                                  |   |  |           |
| Address: <u>6341 Ashby Dr.</u>   |                                  |   |  |           |
| City: <u>JACKSON</u>   |                                  | State: <u>MS.</u>                         | Zip: <u>39213</u>                                  |           |
| Contact: <u>Dennis have</u>  |                                  |   | Tel: <u>601-940-6884</u>                           |           |
| Certification Number: <u>ABC-00001930</u>  |                                  |   | Expiration Date: <u>8-15-25</u>                    |           |
| OTHER OPERATOR: <u>FOUR SEASONS ENTERPRISES, LLC</u>   |                                  |   |  |           |
| Address: <u>5822 Canton Park Dr</u>  |                                  |   |  |           |
| City: <u>JACKSON</u>   |                                  | State: <u>MS</u>                          | Zip: <u>39211</u>                                  |           |
| Contact: <u>Robert have</u>  |                                  |   | Tel: <u>601-331-2828</u>                           |           |
| V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): <u>YES</u>  |                                  |   |  |           |
| WAS ASBESTOS PRESENT? (Yes/No): <u>Yes</u>   |                                  |   | Inspection Date: <u>7/18/24</u>                    |           |
| Inspector: <u>Christopher Collins</u>  |                                  | Certification Number: <u>ABI-00012652</u> | Expiration Date: <u>12/6/2024</u>                  |           |
| VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:                                   |                                  |   |  |           |
| <u>EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EAS)</u>   |                                  |   |  |           |
| <u>FRONT ROOM FLOOR TILE, EXTERIOR FELT, EXTERIOR SHINGLE, EXTERIOR SIDING</u>   |                                  |   |  |           |
| VII. QUANTITY OF RACM TO BE REMOVED:   |                                  |   |  |           |
| Pipes (LN FT): <u>0</u>  | Surface Area (SQ FT): <u>120</u> |   | Volume of Facility Components (CU FT): <u>1410</u> |           |
| VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:   |                                  |   |  |           |
| Category I: <u>0</u>   |                                  | Category II: <u>0</u>                     |  |           |
| IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>6-16-2025</u>  |                                  |   | Complete: <u>6-23-2025</u>                         |           |
| X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>6-25</u>   |                                  |   | Complete: <u>6-28-2025</u>                         |           |



**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 Intect

**XIII. WASTE TRANSPORTER #1**

Name: Robert hove  
Address: 5822 Carter Park Dr  
City: Jackson State: MS Zip: 39211  
Contact Person: Robert hove 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: Ridgeland 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): 11/19/24 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 CRUMBLED, 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 hove  
Type or Print Name

Dennis hove  
(Signature of Owner/Operator)

5-27-2025  
(Date)

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

Robert hove  
Type or Print Name

Robert hove  
(Signature of Owner/Operator)

5-27-2025  
(Date)





Environmental  
Analytical  
Services, LLC

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Test: EPA 600/R-93/116  
Polarized Light Microscopy

|   |  |  |
|---|--|--|
| <b>Client Information:</b><br>City of Jackson<br>200 S President St<br>Jackson, MS 39201<br>Phone: 601-960-1054<br>E-Mail: mcdonaldv@city.jackson.ms.us | <b>Project:</b><br>119 Neatherwood Drive.<br><br>24-754<br>EAS Job: 24072312<br>Attn: Vincent McDonald | <b>Date Analyzed:</b> 07/25/2024 05:47 PM<br><br><b>Date Received:</b> 07/23/2024 09:20 AM<br><br><b>TAT Requested:</b> 2 Days<br><b>Microscope:</b> Olympus-CH-40 |
|---|--|--|

| Sample #<br>Lab ID # | Layer | Sample Description   | Asbestos<br>Detected<br>(Yes/No) | Asbestos Mineral<br>Percent | Non-Asbestos<br>Fibers          | Non-Fibrous<br>Material  |
|----------------------|-------|--|----------------------------------|-----------------------------|---------------------------------|--------------------------|
| 1<br>24072312.01     | A     | Tan<br>Granular<br>Floor Tile<br>Homogeneous                             | YES                              | Chrysotile 2%               |                                 | Other Non-Fibrous<br>98% |
| 2<br>24072312.02     | A     | Gray<br>Fibrous/Granular<br>Transite Siding<br>Non-Homogeneous           | YES                              | Chrysotile 40%              |                                 | Other Non-Fibrous<br>60% |
| 3<br>24072312.03     | A     | Black/Gray<br>Fibrous/Granular/Tar<br>Roofing Shingle<br>Non-Homogeneous | NO                               | None Detected               | Cellulose 20%<br>Fiberglass 20% | Asphaltic Matrix<br>60%  |
| 4<br>24072312.04     | A     | Brown<br>Fibrous<br>Felt Paper<br>Homogeneous                            | NO                               | None Detected               | Cellulose 100%                  |                          |

NVLAP Lab Code: 200784-0  
TDSHS License No. 300373  
LDEQ LELAP Certificate No: 04161, Agency Interest No. 149571

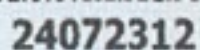
Notes:  
Some samples (floor tiles, surfacing, etc.) may contain fibers too small to be detectable by PUM. TEM Chatfield analysis of bulk material is recommended in this case. All asbestos percentages are based on calibrated visual estimates traceable to NIST standards for regulated asbestos types. Analysts' percentages fall within a range of acceptable percentages, depending on the actual concentration of asbestos. This test report relates only to the items tested. This report must not be used to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the Federal Government. This report may not be reproduced except in full without permission from Environmental Analytical Services.

These results are submitted pursuant to EAS' current terms of sale, including the company's standard warranty and limitation of liability provisions and no responsibility or liability is assumed for the manner in which the results are used or interpreted. Unless notified in writing to return the samples covered by this report, EAS will store the samples for a period of ninety (90) days before discarding. Percent ranges reported are estimates and not absolute percent range values.

Analyzed By:   
Clint Mathews

Approved Signatory:   
Clint Mathews





Environmental  
Analytical  
Services, LLC



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## CHAIN OF CUSTODY

### Bulk Sample Data

Client Name / Address:

CITY OF JACKSON  
200 S PRESIDENT ST  
JACKSON, MS 39201

Project Name:

Project Name: 119 Neatherwood Drive

EAS Job #:

EAS Use Only

\* Job ID:24072312



City of Jackson

Quantity / Analysis Requested:

4

Project Number:

Number: 24-754

Turnaround Time: ☐ 2 Hour ☐ 8 Hour ☐ 24 Hour  
☒ 2 Day ☐ 3 Day ☐ 5 Day (Routine) ☐ Other: (Specify)

(Note: All turnaround times are based on the date / time the sample is received by the laboratory)

## Contact:

Christopher Collins

Phone: 601-960-1054

E-mail:

collins christa city: Jackson, MS, US

Special Instructions:

| #                                | Location         | Sample Description<br>(or see attached description) |
|----------------------------------|------------------|---|
| 1                                | Front room 10x12 | Floor tile.   |
| 2                                | Exterior         | Siding  |
| 3                                | Exterior         | shingles  |
| 4                                | Exterior         | Felt  |
| STRUCTURE APPROXIMATELY: 47x30ft |                  |   |

Relinquished By: Christy C. Allen  
Date/Time:

Accepted By:

Date/Time:

On 7/23/24 @ 920

Rev 10/12

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