MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)
ABC-00001930			

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)

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: Residential House

Address 2850 GREENWOOD AVE

City: Jackson	State: MS	Zip: 39212
Site Location: Same as above		Tel:
Building Size 1,640	# of Floors: 1	Age In Years: 70
Present Use: Vacant	Prior Use: Residential	

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: STATE OF MISSISSIPPI

Address: 125 S. Congress Street

City: JACKSON	State: MS	Zip: 39201
Contact: CITY OF JACKSON		Tel: 601-960-1054

REMOVAL CONTRACTOR LOVE TRUCKING CO. INC

Address: 6341 Ashley Dr.

City: Jackson	State: ms	Zip: 39213
Contact: Dennis Love		Tel: 601-940-6884

OTHER OPERATOR: Same

Address: —

City: —	State: —	Zip: —

Contact: —

V. IS ASBESTOS PRESENT? (Yes/No) YES

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

ROBERT BRUNSON / DEC. 19, 2019/ EPA 600/R-93-116

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area Front Room-Burn	10x16			SqFt: 160	Sq M:
Vol RACM Off Facility Component	Cellulose			CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-19-20 Complete: 10-20-20

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-21-20 Complete: 10-22-20

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

Demolish Structure and remove remain Cut Grass + weeds remove Debris

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

XII. 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: ——

XIII. WASTE DISPOSAL SITE

Name: BFI

Address: 1716 County Line Rd

City: Jackson | State: ms | Zip: 39213

Tel:

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name: ROBERT BRUNSON | Title: Code Enforcement Supervisor

Authority: CITY OF JACKSON

Date of Order (MM/DD/YY): 2/18/2020 | Date Ordered to Begin (MM/DD/YY):

XV. 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:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

XVII. 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) | 9-29-20 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis Love (Type or Print Name) | Dennis Love (Signature of Owner/Operator) | 9-29-20 (Date)