

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 type="checkbox"/> Email <input checked="" type="checkbox"/> Mail <input checked="" type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received: 9.25.2023	AI Number
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): O				
II. TYPE OF OPERATION (D=Demo Q= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residential House		SEP 25 RECD		
Address: 250 QUEEN ANN LANE		250 Queen Anne Ln		
City: JACKSON	State: MS	Zip: 39209		
Site Location: Same as above		Tel:		
Building Size: 1583	# of Floors: 1	Age in Years: 59		
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: STATE OF MISSISSIPPI				
Address: P O BOX 136				
City: JACKSON	State: MS	Zip: 39205-0136		
Contact: City of Jackson		Tel: 601-960-1054 or 601-960-2470		
X ASBESTOS REMOVAL CONTRACTOR: LOVE TRUCKING				
Address: 6341 Ashley Dr				
City: JACKSON	State: MS	Zip: 39213		
Contact: Dennis Love		Tel: 601-940-6884		
Certification Number: ABC-00001930		Expiration Date: 8-15-2024		
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): NO		Inspection Date: 01/23/2021		
Inspector: SAMANTHA GRAVES	Certification Number: ABI-101R06DL-3	Expiration Date: 11/27/2024		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EPA 600/R-93-116 BULK POLARIZED LIGHT MICROSCOPY (EAS) BRICK MORTAR, ROOF SHINGLES, WALL TILE, BLUE WALL TILE, BURNED DEBRIS.				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT): N/A	Surface Area (SQ FT):	Volume of Facility Components (CU FT): N/A		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: N/A	Category II: N/A			
X. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-6-23		Complete: 10-9-23		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-10-23		Complete: 10-12-23		

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

Demolish and Remove Remain of Dilapidated House, Trash, Debris Foundation, Steps, Driveway, Cut Grass and Weed St 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

Address: 6341 Ashely 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: _____

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 No County Line Rd

City: Ridgeland

State: MS

Zip: 39157

Contact Person: Samantha

Tel: 601-982-9488 office

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): 8/16/2023

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 CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

N/A

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 W Love

Type or Print Name

Dennis W Love

(Signature of Owner/Operator)

9-25-23

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis W Love

Type or Print Name

Dennis W Love

(Signature of Owner/Operator)

9-25-23

(Date)