

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 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) <u>R</u> <u>0</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):				
Bldg. Name: <u>Residential House</u>				
Address: <u>328 QUEEN THERESA LN</u>				
City: <u>JACKSON</u>		State: <u>MS</u>	Zip: <u>39209</u>	
Site Location: <u>Same as above</u>			Tel:	
Building Size: <u>1504</u>		# of Floors: <u>1</u>	Age in Years: <u>64</u>	
Present Use:		Prior Use:		
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 601-960-2470</u>	
ASBESTOS REMOVAL CONTRACTOR: <u>LOVE TRUCKING CO., INC.</u>				
Address: <u>6341 Ashley Dr</u>				
City: <u>JACKSON</u>		State: <u>MS</u>	Zip: <u>39213</u>	
Contact: <u>Dennis Love</u>			Tel: <u>601-940-6884</u>	
Certification Number: <u>ABC-00001930</u>			Expiration Date: <u>Aug 15, 2024</u>	
OTHER OPERATOR: <u>Dennis Love</u>				
Address: <u>6341 Ashley Dr</u>				
City: <u>Tackson</u>		State: <u>ms</u>	Zip: <u>39213</u>	
Contact: <u>Dennis</u>			Tel: <u>601-940-6884</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>11/15/2022</u>	
Inspector: <u>SAMANTHA GRAVES</u>		Certification Number: <u>ABI-00009825</u>	Expiration Date: <u>11/17/2022</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>SIDING, SIDING FELT, WALL SHEETROCK</u> <u>Gray Transite Siding 40%</u> <u>Brown Paper Backing.</u>				
VII. QUANTITY OF RACM TO BE REMOVED: <u>N/A</u>				
Pipes (LN FT): <u>N/A</u>		Surface Area (SQ FT): <u>12x12</u>	Volume of Facility Components (CU FT): <u>144</u>	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: <u>N/A</u>		Category II: <u>N/A</u>		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <u>10-13-23</u>			Complete: <u>10-15-23</u>	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <u>10-17-23</u>			Complete: <u>10-19-23</u>	

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 weeds & 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 Love
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 N. County Line Rd.
City: Ridgeland State: MS Zip: 39157
Contact Person: Samantha Tel: 601-982-9488

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

Name: Robert Brunson Title: Supervisor
Authority: City of Jackson
Date of Order (MM/DD/YY): 8/1/23 Date Ordered to Begin (MM/DD/YY):

XVI. FOR EMERGENCY RENOVATIONS:

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 Dennis Love 9-25-23
Type or Print Name (Signature of Owner/Operator) (Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis W Love Dennis W Love 9-25-23
Type or Print Name (Signature of Owner/Operator) (Date)