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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): R O				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residential House				
Address: 3403 BAILEY AVE.				
City: JACKSON	State: MS	Zip: 39203		
Site Location: Same as above			Tel:	
Building Size: 920	# of Floors: 1	Age in Years: 73		
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: POPE MAURICE				
Address: 3403 BAILEY AVE.				
City: JACKSON	State: MS	Zip: 39203		
Contact: City of Jackson		Tel: 601-960-1054 or 601-960-2470		
ASBESTOS REMOVAL CONTRACTOR: LOVE TRUCKING CO., INC.				
Address: 6341 Ashley Dr				
City: JACKSON	State: MS	Zip: 39213		
Contact: Dennis Love		Tel: 601-940-6884		
Certification Number: ABC-00001930		Expiration Date: Aug 15, 2024		
OTHER OPERATOR: Dennis Love				
Address: 6341 Ashley Dr				
City: Jackson	State: ms	Zip: 39213		
Contact: Dennis		Tel: 601-940-6884		
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): YES				
WAS ASBESTOS PRESENT? (Yes/No): YES		Inspection Date: 05/01/2023		
Inspector: VINCENT MCDONALD	Certification Number: ABI-00011874	Expiration Date: 11/17/2023 11/23/2023		
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EPA 600/R-93-116 BULK POLARIZED LIGHT MICROSCOPY (EAS) SHINGLES, HARDY BOARD, MORTAR, WALL PAPER, SIDING, FELT PAPER, INSULATION. Gray Transite Chrysotile 40% /				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT): N/A	Surface Area (SQ FT): 409/12x12	Volume of Facility Components (CU FT): 144		
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:				
Category I: N/A	Category II: N/A			
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 10-22-23		Complete: 10-23-23		
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 10-24-23		Complete: 10-26-23		

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, Drive way, 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 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): 7/31/23 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 CRUMBLLED, 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)