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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): <u>R</u> <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):				
Bldg. Name: Residential House				
Address: 151 WOODY DR.				
City: JACKSON		State: MS	Zip: 39212	SEP 25 REC'D
Site Location: Same as above			Tel:	
Building Size: 1,259		# of Floors: 1	Age in Years: 73	
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: STATE OF MISSISSIPPI				
Address: PO Box 136				
City: Jackson		State: ms	Zip: 39205-0136	
Contact: City of Jackson			Tel: 601-960-1054	
ASBESTOS REMOVAL CONTRACTOR: LOVE TRUCKING CO, INC.				
Address: 6341 Ashley Dr				
City: Jackson		State: ms	Zip: 39213	
Contact: Dennis			Tel: 601-940-6884	
Certification Number: ABC-00001930			Expiration Date: Aug 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): YES			Inspection Date: 11-15-2022	
Inspector: SAMANTHA GRAVES		Certification Number: ABI-00009825	Expiration Date: 11/17/2023	
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: EPA 600/R-93-/116 BULK POLARIZED LIGHT MICROSCOPY (EAS). SIDINGM SIDING FELT, BRICK, MORTAR. Gray Transite Siding 40%, Black Felt, Gray mortar.				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT): N/A	Surface Area (SQ FT): 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: 11-5-23			Complete: 11-8-23	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 11-10-23			Complete: 11-12-23	

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 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 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: _____

XIV. WASTE DISPOSAL SITE

Name: Little Dixie Land Fill

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: Robert Brunson

Title: Supervisor

Authority: City of Jackson

Date of Order (MM/DD/YY): 8/21/23

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)