

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 checked="" type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery		Postmark (mail only)	Date Received 4/15/2024	AI Number
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): D				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg. Name: Residential House				
Address: 1409 EMINENCE ROW				
City: JACKSON		State: MS	Zip: 39213	
Site Location: Same as above				Tel:
Building Size: 690		# of Floors: 1	Age in Years: 70	
Present Use:		Prior Use:		
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)				
OWNER NAME: STATE OF MISS				
Address: P O BOX 136				
City: JACKSON		State: MS	Zip: 39205-0136	
Contact: City of Jackson				Tel: 601-960-1054 or 601-960-2747
ASBESTOS REMOVAL CONTRACTOR: LOVE TRUCKING CO., INC.				
Address: 761 WOODLAKE DR.				
City: JACKSON		State: MS	Zip: 39206	
Contact: Dennis Love				Tel: 601-940-6884
Certification Number: ABC-00001930			Expiration Date: 8-15-24	
OTHER OPERATOR: Dennis				
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: 10/31/2023	
Inspector: Marcus Scott		Certification Number: ABI-00011873	Expiration Date: 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) FELT PAPER, BRICK MORTAR, SHINGLES, SIDING, SHEET ROCK Gray + Tan Transite Siding 35 x 30				
VII. QUANTITY OF RACM TO BE REMOVED: N/A				
Pipes (LN FT): N/A	Surface Area (SQ FT): 1050		Volume of Facility Components (CU FT): 35 x 30	
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED: N/A				
Category I: N/A		Category II: N/A		
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 5-21-24			Complete: 5-22-24	
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 5-23-24			Complete: 5-24-24	

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

Demolish and remove remains of Dilapidated house TRASH, debris Foundation, STPP, Driveway, cut grass & weeds and 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: 601-442-6584

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: Samantha Graves

Title: Manager

Authority: City of Jackson

Date of Order (MM/DD/YY): 2/1/2024

Date Ordered to Begin (MM/DD/YY):

XVI. 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:

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

Contain & Seal off work area/wet materials, utilize negative air (HEPA) filtered equipments as necessary, seal Asbestos bag.

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 Love

Type or Print Name

Dennis Love

(Signature of Owner/Operator)

4-15-24

(Date)

XIX. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dennis Love

Type or Print Name

Dennis Love

(Signature of Owner/Operator)

4-15-24

(Date)