

STATE OF MISSISSIPPI DEMOLITION/RENOVATION NOTIFICATION FORM

Please type or print legibly.

Incomplete notices will not meet notification requirements.

Revised: 2/00

I. TYPE OF NOTICE: (X) Original () Revision () Canceled
() Annual () Info. Only

II. TYPE OF PROJECT: (X) Renovation () Demolition
() Ordered Demolition () Emergency Renovation

III. SITE INFORMATION: Name: Save a Lot
Description: 840 Brookway Drive
Address: _____
City: Brookhaven County: Hinds State: MS Zip: _____
Contact Person: Dan Myers Telephone: 601 953-3070

IV. OWNER INFORMATION: Name: JCM Foods
Full Mailing Address 1675 Lakeland Drive, Ste. 101, Jackson, MS 39216
Contact Person: Dan Myers Telephone: 601 953-3070

V. ASBESTOS REMOVAL CONTRACTOR: Name: EMP
Certification No.: ABC 1568 Exp. Date: 4/10/17
Full Mailing Address: PO BOX 9361 Jackson, MS 39286
Contact Person: Alfred Martin Telephone: 601 922-1919

VI. CONTRACTOR (Other): Name: _____
Full Mailing Address: _____
Contact Person: _____ Phone: _____

VII. ASBESTOS REMOVAL PROJECT DATES (MM/DD/YY):
Removal Project Start: 1.18.17 Removal Project Stop: 1.19.17

VIII. DEMOLITION/RENOVATION PROJECT DATES (MM/DD/YY):
Project Start: _____ Project Stop: _____ Prep. Date: 1/1/17

RECEIVED

JAN 13 2017

Dept. of Environmental Quality

IX. BUILDING INFORMATION: Bldg. Size (SQ FT): Appr. 17,000sf
No. of Floors 1 Age in Years: 50 +
Present Use: vacant Prior Use: grocery

X. ASBESTOS INSPECTION:
Was site inspected to determine presence of asbestos? () yes no (x) ASSUMED POSITIVE/VISUAL
Inspection Date: _____ Asbestos Present? (X) yes () no
Inspector: Alfred Martin Cert. No.: ABI-1570 Exp. Date: 4/8/17
Identify suspect materials sampled: Floor Tile, Mastic
Laboratory Analysis: TEM _____ PLM _____ Other ASSUMMED
Name of Laboratory: EHS

XI. QUANTITY OF RACM TO BE REMOVED:
Pipes (LN FT) _____ Surface Area (SQ FT) _____
Volume of Facility Components (CU FT) _____

XII. QUANTITY OF NONFRIABLE ASBESTOS - _____ NOT REMOVED _____ x _____ TO BE REMOVED:
Category I: Appr. 240sf FT. Mastic Category II: /

XIII. WASTE TRANSPORTER: Name: EMP
Full Mailing Address: PO BOX 9361 Jackson, MS
Contact Person: Alfred Martin Telephone: 601 922-1919

STATE OF MISSISSIPPI DEMOLITION/RENOVATION FORM - CONTINUED

XIV. WASTE ASBESTOS DISPOSAL SITE: Name: BFI
Physical Location: 1716 County Road, Jackson, MS
Full Mailing Address:
Contact Person: Ricky Telephone: 601 939-2221
All asbestos waste should go to a permitted sanitary landfill.

XV. DISPOSAL SITE FOR DEMOLITION DEBRIS (Other than asbestos):
Name:
Physical Location:
Full Mailing Address:
Contact Person: Telephone:
All demolition debris (other than asbestos) should go to an authorized Rubbish Site, or to a permitted sanitary landfill.

XVI. REMOVAL/DEMOLITION PROCEDURES TO BE USED (Check all that apply):
Strip & Removal [] Double Bagging [X] Mechanical Chipping [] Component Removal []
Wrecking Ball [] Gross Demolition [] Remove Intact [] Bulldozer []
[X] Containment [] Glove Bag [] Explode [] Negative Air []
[X] Wet Method [] Roofing Saw [] Other - Explain Below: []

XVII. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:
1. Wet remove of ACM.

XVIII. PROCEDURES TO BE FOLLOWED IF UNEXPECTED ACM IS FOUND OR NONFRIABLE ACM BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO A POWDER OR SMALL PIECES:
Stop work and alert owner.
*Will MDEQ be notified of any significant changes? (x) yes () no

XIX. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, IDENTIFY THE AGENCY BELOW:
Name: Title:
Authority:
Date of Order: Date Demolition to Begin: / /

XX. EMERGENCY DEMOLITION/RENOVATIONS: Date of Emergency: / /, Time: :
Description of the sudden, unexpected event:
Explanation of how the event caused unsafe conditions or would cause equipment damage or unreasonable financial burden:

XXI. When asbestos-containing material is present, an individual trained in the provisions of the regulation (40 CFR 61 Subpart M) will be on site 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.

I certify that all of the above information is correct.
Alfred L. Martin, Jr., Ph.D. Signature Date 1.13.17

MAIL TO: Office of Pollution Control
P. O. Box 2261
Jackson, MS 39225-2261
(601) 961-5171