

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: **MDEQ Asbestos Section, 515 E. Amite Street, Jackson, MS 39201**

Operator Project #	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)
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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) **R**

III. FACILITY DESCRIPTION (Include building name, number and floor or room number) **SHOPPING CENTER**

Bl'g. Name: **LINCOLN PLAZA**

Address: **218, 220 214B, 238 HWY 51 NORTH**

City: BROOKHAVEN	State: MS	Zip: 39601
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Site Location:	Tel: 601 835 6362
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Building Size: 70,000	# of Floors: 1	Age In Years: 50+
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Present Use: RETAIL	Prior Use:
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IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **HK ONE REAL ESTATE**

Address: **535 BROOKWAY BLVD**

City: BROOKHAVEN	State: MS	Zip: 39429
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Contact:	Tel:
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REMOVAL CONTRACTOR: **REID ABATEMENT**

Address: **1621 CLEARVIEW CIRCLE**

City: COLUMBIA	State: MS	Zip: 39429
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Contact: JOHN	Tel:
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OTHER OPERATOR: **PAUL JACKSON & SON, INC**

Address: **P.O BOX 1166**

City: BROOKHAVEN	State: MS	Zip: 39429
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Contact: AUSTIN STULTS 601 810 4545	Tel:
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V. IS ASBESTOS PRESENT? (Yes/No) **YES**

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):

PLM, MARK WALTER DECEMBER 2015 EXP 1-30-2016 ABI00006317

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	UNIT
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed					
Pipes				Ln Ft:	Ln M:
Surface Area VCT & MASTIC	17,000			Sq Ft: 17,000	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **3-20-2017** Complete: **4-10-2017**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **3-20-2017** Complete: **TBD**

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MAR 10 2017
Dept. of Environmental Quality

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

RENOVATION OF SEVERAL UNITS INTO ONE

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

WET METHOD, NEG AIR, MECHANICAL REMOVAL OF TILE, DOUBLE BAG,

XII. WASTE TRANSPORTER #1

Name: **BLUFF CITY EQUIPMENT RENTAL**

Address: **P.O. BOX 1443**

City: **NATCHEZ**

State: **MS**

Zip: **39202**

Contact Person: **MR. WILLARD**

Tel:

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: **RIVERBEND ENVIRONMENTAL**

Address: **4451 USHWY 61**

City: **FAYETTE**

State: **MS**

Zip: **39069**

Tel: **601 786 0217**

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

Name: **NA**

Title:

Authority:

Date of Order (MM/DD/YY):

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

XV. 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:

XVI. 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:

STOP WORK, CONTAIN AREA, CALL DEQ & OWNER

XVII. 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.

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

3-6-2017

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JOHN REID

Type or Print Name

(Signature of Owner/Operator)

3-6-2017

(Date)