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)

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)

Bldg. Name: THE OLD SUNFLOWER FOOD STORE

Address 180 HWY 12 WEST

City: KOSCIUSKO	State: MS	Zip: 39090
Site Location: 180 HWY 12 WEST, KOSCIUSKO, MS		Tel: 601-953-3432
Building Size 16500 SQ. FT.	# of Floors: 1	Age in Years: 40+
Present Use: VACANT	Prior Use: GROCERY STORE	

RECEIVED
MAR 22 2017
Dept. of Environmental Quality

IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: ACTION PROPERTIES, LLC.

Address: 110 JERRY CLOWER BLVD, NORTH-W

City: YAZOO CITY	State: MS	Zip: 39194
Contact: STEVE PHILLIPS		Tel: 601-953-3432

REMOVAL CONTRACTOR BELL ENVIRONMENTAL SERVICES, LLC.

Address: P.O. BOX 133

City: DELTA CITY	State: MS	Zip: 39061
Contact: JIMMY BELL		Tel: 662 873-4551

OTHER OPERATOR: ACTION PROPERTIES, LLC.

Address: 110 JERRY CLOWER BLVD. NORTH - W

City: YAZOO CITY	State: MS	Zip: 39194
Contact: STEVE PHILLIPS		

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): CAROLINA ENVIRONMENTAL LAB., CARY, NORTH CAROLINA. (PLM) FLOOR TILE LOCATED IN OFFICE AREA. PAUL ANDERSON LIC# ABI-0000686 INSPECTED 1/12/17
596 SQ. FT. ASBESTOS FLOOR TILE / 14,736 SQ. FT. NON ASBESTOS FLOOR TILE

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
Pipes				LnFt:	Ln M:
Surface Area FLOOR TILE 1	596		✓	SqFt: 596	Sq M:
Vol RACM Off Facility Component				CuFt:	Cu M:

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 4/17/17 Complete: 4/24/17

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 4/25/17 Complete: 8/25/17

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: PREP WORK AREA, NEG AIR, D-CON, 6mil POLY SIGNS, AIR MONITORING/CLEARANCE.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: WET METHOD, REMOVE, BOUSING HAND SCRAPER, BAG, REMOVE. REMOVE MASTIC, DOUBLE BAG, PLACE INTO LINED DUMPSTER, AWAIT AIR CLEARANCE

XII. WASTE TRANSPORTER #1

Name: BELL ENVIRONMENTAL SERVICES, LLC

Address: P.O. BOX 133

City: DELTA CITY | State: MS | Zip: 39061

Contact Person: JIMMY BELL | Tel: 662 873-4567

WASTE TRANSPORTER #2 ~~N/A~~

Name: WASTE PRO-USA, INC.

Address:

City: GREENWOOD | State: MS | Zip:

Contact Person: JULIE GOODIN | Tel: 662 328-5528

XIII. WASTE DISPOSAL SITE LEFLORE COUNTY LANDFILL

Name: LEFLORE COUNTY LANDFILL

Address: 15200 HWY 49E SOUTH

City: SIDON | State: MS | Zip:

Tel:

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

Name: | Title:

Authority:

Date of Order (MM/DD/YY): | Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS: N/A

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 ASTESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
STOP WORK, CONTACT OWNER OF CHANGE, CONTACT M.D.E.Q. FOLLOW M.D.E.Q. RECOMMENDATION.

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.

JAMES GIBSON (Type or Print Name) James Gibson / SUPERVISOR (Signature of Owner/Operator) 3/22/17 (Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JIMMY BELL (Type or Print Name) Jimmy Bell / CONTRACTOR (Signature of Owner/Operator) 3/22/17 (Date)