

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) RETAIL STORE J.C. PENNEY'S					
Bldg. Name: NATCHEZ MALL					
Address 350 JOHN R. JUNKIN DRIVE					
City: NATCHEZ	State: MS	Zip: 39120			
Site Location:		Tel:			
Building Size 15,000 SQ FT	# of Floors: 2	Age in Years: >50			
Present Use: VACANT	Prior Use: RETAIL				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: TABANI NATCHEZ MALL					
Address: 16600 N DALLAS PARKWAY #300					
City: DALLAS	State: TX	Zip: 75248			
Contact: R. HARLE		Tel:			
REMOVAL CONTRACTOR JOHN REID dba REID ABATEMENT					
Address: 1621 CLEARVIEW CIRCLE					
City: COLUMBIA	State: MS	Zip: 39429			
Contact: JOHN REID		Tel: 601 441 5290			
OTHER OPERATOR: NA					
Address:					
City:	State:	Zip:			
Contact:					
V. IS ASBESTOS PRESENT? (Yes/No) ASSUMED					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
ASSUMED BY OWNER					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
<ol style="list-style-type: none"> Regulated ACM to be Removed Category I ACM Not Removed Category II ACM Not Removed 		Category I	Category II	UNIT	
Pipes				Ln Ft:	Ln M:
Surface Area MASTIC				Sq Ft: 10,0000	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 06-10-17				Complete: 06-12-17	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: NA				Complete:	

RECEIVED
JUN 12 2017
Dept. of Environmental Quality

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

REMOVE MASTIC FROM FLOOR WET METHOD WITH LOW ODOR MASTIC REMOVER

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

REMOVE MASTIC SO THAT FLOOR CAN BE REPAIRED

XII. WASTE TRANSPORTER #1

Name: **JOHN REID**

Address: **1621 CLEARVIEW CIRCLE**

City: **COLUMBIA,**

State: **MS**

Zip: **39429**

Contact Person: **JOHN REID**

Tel: **601 441 5290**

WASTE TRANSPORTER #2 **NA**

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name:

Address:

City:

State:

Zip:

Tel:

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

Name:

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:

Contractors from Texas will be put on hold

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 and 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)

06-07-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

John Reid

Type or Print Name

(Signature of Owner/Operator)

06-07-17

(Date)