

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) Original				
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) Demolition				
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: Sprintmart #101				
Address 501 S Pear Orchard Rd.				
City: Ridgeland	State: MS	Zip: 39157		
Site Location: Corner of Lake Harbour and Pear Orchard		Tel: 601-856-8528		
Building Size 3500 Square Feet	# of Floors: 1	Age in Years: 25 Approximate		
Present Use: Convenience Store	Prior Use: Same			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Terra Holdings, LLC				
Address: 145 Ridgeland Plaza				
City: Ridgeland	State: MS	Zip: 39157		
Contact: Gerald Steen	Tel: 601-856-3005			
REMOVAL CONTRACTOR Eagle Construction				
Address: 1450 Old Brandon Rd.				
City: Flowood	State: MS	Zip: 39232		
Contact: Chuck Womack	Tel: 601-940-5411			
OTHER OPERATOR: Commercial Construction and Maintenance Inc.				
Address: 3664 Guyton Rd.				
City: Hoover	State: AL	Zip: 35244		
Contact: Jody Jordan 601-540-1684				
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 Reginald Sampson ABI-00003456 4/12/17				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		Category I	Category II	UNIT
Pipes				Ln Ft: Ln M:
Surface Area Roofing Tar	200 Sq. Ft.			Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 7/6/17		Complete: 7/6/17		
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 7/10/17		Complete: 8/1/17		

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

Mechanical Means

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

Removal by certified contractor prior to demolition.

XII. WASTE TRANSPORTER #1

Name: Eagle Construction/Asbestos Hauler

Address: 1450 Old Brandon Rd.

City: Flowood

State: MS

Zip: 39232

Contact Person: Chuck Womack

Tel: 601-940-5411

WASTE TRANSPORTER #2

Name: Wilkerson Trucking/ Debris Hauler

Address: 3742 Hwy 82 West

City: Leland

State: MS

Zip: 38756

Contact Person: Lonnie Wilkerson

Tel: 662-335-0346

XIII. WASTE DISPOSAL SITE

Name: Little Dixie Landfill

Address: 1716 E County Line Rd.

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-9488

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

Name: N/A

Title: N/A

Authority: N/A

Date of Order (MM/DD/YY): N/A

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

XV. FOR EMERGENCY RENOVATIONS: N/A

Date and Hour of Emergency (MM/DD/YY): N/A

Description of the sudden unexpected event: N/A

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

N/A

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 immediately and contact a certified contractor.

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.

Jody Jordan

Type or Print Name

(Signature of Owner/Operator)

6/22/17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Jody Jordan

Type or Print Name

(Signature of Owner/Operator)

6/22/17

(Date)