

# MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

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

Operator Project # <b>1751.1019</b>	Postmark	Date Received (MDEQ use only)	Notification # (MDEQ use only)		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual) <b>R</b>					
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <b>R</b>					
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)					
Bldg. Name: <b>Goodwill</b>					
Address <b>480 E Commerce St.</b>					
City: <b>Hernando</b>	State: <b>MS</b>	Zip: <b>38632</b>			
Site Location: <b>Retail Area</b>	Tel: <b>662-429-4447</b>				
Building Size <b>30,000 Sq. Ft.</b>	# of Floors: <b>1</b>	Age in Years: <b>38</b>			
Present Use: <b>Retail</b>	Prior Use: <b>Retail</b>				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: <b>Hernando Crossing, LLC</b>					
Address: <b>4200 Northside Parkway Building 10, Suite 101</b>					
City: <b>Atlanta</b>	State: <b>Ga</b>	Zip: <b>30327</b>			
Contact: <b>Will Lybrook</b>	Tel: <b>770-318-8015</b>				
REMOVAL CONTRACTOR <b>Hepaco, LLC</b>					
Address: <b>731 E Brooks Rd.</b>					
City: <b>Memphis</b>	State: <b>TN</b>	Zip: <b>38116</b>			
Contact: <b>Bryan Chapman</b>	Tel: <b>901-208-2175</b>				
OTHER OPERATOR: <b>N/A</b>					
Address: <b>N/A</b>					
City: <b>N/A</b>	State: <b>N/A</b>	Zip: <b>N/A</b>			
Contact: <b>N/A</b>					
V. IS ASBESTOS PRESENT? (Yes/No) <b>Yes</b>					
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection):					
<b>Kelvin A Thigpen ABI-00001788 using ASTM E 2308-05</b>					
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"> <li>1. Regulated ACM to be Removed</li> <li>2. Category I ACM Not Removed</li> <li>3. Category II ACM Not Removed</li> </ol>		Category I	Category II	UNIT	
Pipes	N/A	N/A	N/A	Ln Ft: <b>N/A</b>	Ln M: <b>N/A</b>
Surface Area <b>Floor Tile &amp; Mastic</b>	13,566	N/A	N/A	Sq Ft: <b>X</b>	Sq M: <b>N/A</b>
Vol RACM Off Facility Component	N/A	N/A	N/A	Cu Ft: <b>N/A</b>	Cu M: <b>N/A</b>
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: <b>07/10/17</b>				Complete: <b>07/14/17</b>	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: <b>6/19/17</b>				Complete: <b>7/23/17</b>	

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

Removal of asbestos floor tile and mastic prior to renovation to avoid disturbance of the material.

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

Negative air pressure, criticals installed, 6 mil poly walls from floor to 3 ft. high, amended water, waste dbl. bagged/labeled.

XII. WASTE TRANSPORTER #1

Name: Hepaco, LLC

Address: 731 E Brooks Rd.

City: Memphis

State: TN

Zip: 38116

Contact Person: Bryan Chapman

Tel: 901-208-2175

WASTE TRANSPORTER #2 N/A

Name: N/A

Address: N/A

City: N/A

State: N/A

Zip: N/A

Contact Person: N/A

Tel: N/A

XIII. WASTE DISPOSAL SITE

Name: Waste Management Tunica Landfill

Address: 5807 Hambrick Rd.

City: Robinsonville

State: MS

Zip: 38664

Tel: 662-363-2282

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, set up stage 3 decon and conduct work under friable ACM parameters.

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.

Bryan Chapman

Type or Print Name

(Signature of Owner/Operator)

6-26-17

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Bryan Chapman

Type or Print Name

(Signature of Owner/Operator)

6-26-17

(Date)