

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) R #7					
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: Delta Hardware & Billy's Pawn Shop					
Address: 211, 219, 223 Cotton Row					
City: Cleveland	State: MS	Zip: 38723			
Site Location: Block 7 Original Town of Cleveland MS		Tel: 662.816.4707			
Building Size: 18,500 SF	# of Floors: 1	Age in Years: 65			
Present Use: Vacant	Prior Use: Pawn Shop & Hardware Store				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: Cotton Row Hospitality, LLC					
Address: 265 North Lamar Blvd, Suite E					
City: Oxford	State: MS	Zip: 38655			
Contact: Warren Miconi	Tel: 662.816.4707				
REMOVAL CONTRACTOR: Gulf Services Contracting, Inc					
Address: 5000 Rangeline Road					
City: Mobile	State: AL	Zip: 36619			
Contact: Jonathan Valle	Tel: 251.443.8161				
OTHER OPERATOR: N/A Vice Brothers, Unlimited, LLC					
Address: 6524 Hatfield Street					
City: Moss Point	State: MS	Zip: 39562			
Contact: Terry Vice					
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): Mark Walters - June 16, 2017					
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed			
1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed		RACM To Be Removed		Indicate Unit of Measurement Below	
				Category I	Category II
Pipes				Ln Ft:	Ln M:
Surface Area	Ceiling Tile VAT, Sbeest Flooring			Sq Ft: 7,900	Sq M:
Vol. RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 11/16/2017				Complete: 11/17/2017	
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/31/2017				Complete: 08/31/2017	

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: Negative pressure enclosures, along with wet methods.		
XII. WASTE TRANSPORTER #1		
Name: RES		
Address: P.O. Box 598		
City: Ripley	State: MS	Zip: 38663
Contact Person: Shea Mask	Tel: 1-888-839-2830	
WASTE TRANSPORTER #2		
Name: N/A		
Address:		
City:	State:	Zip:
Contact Person:	Tel:	
XIII. WASTE DISPOSAL SITE		
Name: LeFlore County Landfill		
Address: 15200 Highway 49 South		
City: Sidon	State: MS	Zip: 38954
Tel: 662-455-7762		
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:		
Name: N/A	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: N/A		
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER: Stop work. Test materials. Notify MDEQ and Owner of any changes.		
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. Jonathan Valle _____ November 9, 2017 Type or Print Name (Signature of Owner/Operator) (Date)		
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Jonathan Valle _____ November 9, 2017 Type or Print Name (Signature of Owner/Operator) (Date)		