

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) 0					
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: LEONARD'S DEPARTMENT STORE					
Address 131-133 W. JEFFERSON STREET					
City: KOSCIUSKO	State: MS	Zip: 39090			
Site Location: 131-133 WEST JEFFERSON STREET		Tel: 662 289-6923			
Building Size 16,000 SF	# of Floors: 2	Age in Years: 60+-			
Present Use: VACANT	Prior Use: DEPARTMENT STORE				
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)					
OWNER NAME: CITY OF KOSCIUSKO					
Address: 220 WEST WASHINGTON STREET					
City: KOSCIUSKO	State: MS	Zip: 39090			
Contact: BRIAN MCKNIGHT	Tel: 662 289-6923				
REMOVAL CONTRACTOR BELL ENVIRONMENTAL SERVICES, LLC.					
Address: P.O. BOX 133					
City: DELTA CITY	State: MS	Zip: 39061			
Contact: JIMMY BELL	Tel: 662 820-2124				
OTHER OPERATOR: RALPH MCKNIGHT & SONS CONSTRUCTION, INC.					
Address: P.O. BOX 656					
City: KOSCIUSKO	State: MS	Zip: 39090			
Contact: BRIAN MCKNIGHT					
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 method FLOOR TILE/mastic, Ceiling Tile/Sheetrock joint Compound, Roof Flashing.					
JAMES R. CLARKE Lic# AB 5-00003456 7/23/15 LAB. IATL. METLAUYEL NJ. 08054					
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				Ln Ft:	Ln M:
Surface Area 1	10,000 SF		<input checked="" type="checkbox"/>	Sq Ft: 10,000	Sq M:
Vol RACM Off Facility Component				Cu Ft:	Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 12/13/17 Complete: 1/23/17					
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 12/14/17 Complete: 2/23/17					

RECEIVED
DEC 1 2017
Dept. of Environmental Quality

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

WET METHOD, UNDER CONTAINMENT (This Building is in very bad condition, must FRAME UP TO REPAIR.)

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

SPRAY mold treatment to neutralize Air-borne threat. FRAME UP First Floor AND COVER FLOOR WITH 5/8 PLY BOARD TO MAKE Building SAFE. PREP Building D-CON, NEG-AIR, WET AND REMOVE SHEETROCK FROM WALLS. TAKE AIR SAMPLES. REMOVE ceiling, BAQ AND MOVE TO SECOND FLOOR, REMOVE Flooring AND FLOOR TILE AT SAME TIME.

XII. WASTE TRANSPORTER #1

Name: WASTE pro USA

Address: 200 BRAXTON AVENUE

City: MERIDIAN

State: MS

Zip: 39301

Contact Person: MICHAEL KUNTZ

Tel: 601 483-9777

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: LEFLOVE COUNTY LANDFILL

Address: 15000 US HWY 49 SOUTH EAST

City: SIDON

State: MS

Zip: 38935

Tel: 662 455-7760

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 ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER: CONTINUE WET METHOD UNDER CONTAINMENT, NOTE CHANGE TO M, D, F, Q. 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.

JAMES GIBSON
Type or Print Name

James Gibson / supervisor
(Signature of Owner/Operator)

11/29/17
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JIMMY BELL
Type or Print Name

Jimmy Bell / contractor
(Signature of Owner/Operator)

11/29/17
(Date)