

73488

MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORMMail 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)				
Bldg. Name: Kool Smiles				
Address 989 Ellis Avenue				
City: Jackson	State: MS	Zip: 39209		
Site Location: 989 Ellis Avenue			Tel:	
Building Size 6000	# of Floors: 1	Age in Years: 50		
Present Use: Commercial	Prior Use: Commercial			
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: Westland Shopping Center LP				
Address: 915 Ellis Avenue				
City: Jackson	State: MS	Zip: 39209		
Contact: Joel Copeland			Tel: 678-594-3014	
REMOVAL CONTRACTOR M and M Services, Inc.				
Address: Post Office Box 68431				
City: Jackson	State: MS	Zip: 39286		
Contact: Dale McGuffie			Tel: 601-982-8695	
OTHER OPERATOR: N/A				
Address: N/A				
City: N/A	State: N/A	Zip: N/A		
Contact: N/A				
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):				
Polarized Light Microscopy, Craig Farmer, November 16, 2017				
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	15			LnFt: X Ln M:
Surface Area floor tile			6000	SqFt: X Sq M:
Vol RACM Off Facility Component				CuFt: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start:		4/13/18	Complete:	4/30/18
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start:		4/13/18	Complete:	4/30/18

RECEIVED
APR 02 2018
Dept. of Environmental Quality

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

Remove approximately 6000 floor tile & mastic

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

ACM shall be wet prior to and during removal. Workers will don proper protective clothing and respiratory protection.

XII. WASTE TRANSPORTER #1

M and M Services, Inc.

Name: M and M Services, Inc.

Address: Post Office Box 68431

City: Jackson State: MS Zip: 39286

Contact Person: Dale McGuffie Tel: 601-982-8695

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: Little Dixie Landfill

Address: 1716 W. County Line Road

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

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:

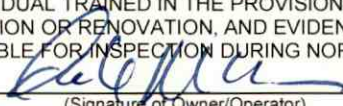
N/A

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLER, PULVERIZED, OR REDUCED TO POWDER:

Cease operations and notify MDEQ.

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.

Dale McGuffie



3/30/2018

Type or Print Name

(Signature of Owner/Operator)

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Dale McGuffie



3/30/2018

Type or Print Name

(Signature of Owner/Operator)

(Date)