## MISSISSIPPI ASBESTOS DEMOLITION/RENOVATION NOTIFICATION FORM

Mail notification to: MDEQ Asbestos and Lead Branch, 515 E. Amite Street, Jackson, MS 39201

MDEQ Use Only: Postm  XEmail □Mail □Hand Delivery	ark (mail only)	Date Re	ceived -02-2024	Al Number		
I. Type of Notification (O=Original R=Revised C=Canceled A= Annual): R						
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation): D						
III. FACILITY DESCRIPTION (Include building name, number and floor or room number): Beasley shopping Center Old K-Mart Building						
Bldg. Name: Old K-Mart Building						
Address: 3750 US Hwy 80						
<sub>City:</sub> Jackson	State: MS		z <sub>ip:</sub> 39209			
Site Location: See Report			Tel:			
Building Size: 200000 Sq ft	# of Floors: 1	# of Floors: 1		Age in Years: >50		
<sub>Present Use:</sub> Vacant	Prior Use: Retai	Prior Use: Retail				
IV. FACILITY INFORMATION (Identify owner, asbestos removal contractor, and other operator)						
<sub>OWNER NAME:</sub> Sinjel, LLC and Big River Energy, LLC						
Address: 472 Fairfield Dr and 10975 Highway 23						
City: Madisonand Belle Chasse	State: MS and	State: MS and LA		<sub>Zip:</sub> 39110 and 70037		
Contact: Ahmad Keyed and Steve Ford				Tel: 601-316-1955 and 601-660-7625		
ASBESTOS REMOVAL CONTRACTOR: CJ Asbestos Abatement, LLC						
Address: 7830 Hwy 27						
City: Vicksburg State: MS			<sub>Zip:</sub> 39180			
Contact: Robert Johnson			Tel:			
Certification Number: ABC-00005920		Expiration	tion Date: 03/03/2024			
OTHER OPERATOR: Big River Energy, LLC						
Address: 10975 Highway 23						
<sub>City:</sub> Belle Chasse	State: LA	State: LA		<sub>Zip:</sub> 70037		
Contact: Steve Ford			Tel: 6016607625			
V. WAS SITE INSPECTED TO DETERMINE PRESENCE OF ASBESTOS? (Yes/No): Yes						
WAS ASBESTOS PRESENT? (Yes/No): Yes Inspect			on Date: 10/31/2023 and 11/1/2023			
Inspector: Johnathan R Muirhead Certification Number: ABI-00010589 Expiration Date: 11/14/2024						
VI. SUSPECT MATERIALS SAMPLED AND PROCEDURES USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:						
See Report						
VII. QUANTITY OF RACM TO BE REMOVED: Floor tile, Mastic and Roofing Material						
	Surface Area (SQ FT): 40000 Volume of Facility Components (CU FT):		mponents (CU FT):			
VIII. QUANTITY OF NONFRIABLE ASBESTOS NOT REMOVED:						
Category I: Category II:						
IX. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 012924 Complete: 021624						
X. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 021624 Complete: 031524						

XI. DESCRIPTION OF PLANNED DEMOLITION OR RENO	OVATION WORK, AND MET	HOD(S) TO BE USED:	
Building will be demolished using track hoe and exca	avator. Material will be lo	aded on dump trucks and hauled off-site for dispos	
XII. DESCRIPTION OF WORK PRACTICES AND ENGINE DEMOLITION OR RENOVATION SITE:	ERING CONTROLS TO BE	USED TO PREVENT EMISSIONS OF ASBESTOS AT TH	
All precautions will be taken to ensure no emmisions of removed.	asbestos containing mate	rials are present when demolition starts. All will have	
XIII. WASTE TRANSPORTER #1 Big River Energy, L	LC and Little Dixie		
Name: Big River Energy, LLC and Little Dixie			
Address: 10975 Highway 23 and 1716 County Li	ine Rd		
<sub>City:</sub> Belle Chasse and Ridgeland	State: LA and MS	<sub>Zip:</sub> 70037 and 39157	
Contact Person: Steven Ford and Paul Marks	1	Tel: 6016607625 and 6019829488	
WASTE TRANSPORTER #2		·	
Name:			
Address:			
City:	State:	Zip:	
Contact Person:	·	Tel:	
XIV. WASTE DISPOSAL SITE			
Name: 5101 - Little Dixie Land Field			
Address: 1716 County Line Rd			
<sub>City:</sub> Ridgeland	State: MS	<sub>Zip:</sub> 39157	
Contact Person: Paul Marks, Landfill Manager		<sub>Tel:</sub> 6019829488	
XV. IF DEMOLITION ORDERED BY A GOVERNMENT AG	ENCY, PLEASE IDENTIFY	THE AGENCY BELOW:	
Name: Ester Ainsworth	Tit	<sub>e:</sub> Zoning Administrator	
Authority: City of Jackson			
Date of Order (MM/DD/YY): 11/28/23	Date Orde	red to Begin (MM/DD/YY): 12/12/23	
XVI. FOR EMERGENCY RENOVATIONS:		<u> </u>	
Date and Hour of Emergency (MM/DD/YY):			
Description of the sudden unexpected event:			
Explanation of how the event caused unsafe conditions or w	ould cause equipment dama	ge or an unreasonable financial burden:	
XVII. DESCRIPTION OF PROCEDURES TO BE FOLLOWE NONFRIABLE ASTESTOS MATERIAL BECOMES CRUME			
Work will stop. The extent of the asbesto	,		
necessary and proper work practices and	d engineering contr	ols will be institued.	
XVIII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE ONSITE DURING THE DEMOLITION OR RENOVATION, A THIS PERSON WILL BE AVAILABLE FOR INSPECTION D	AND EVIDENCE THAT THE	REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY	
Robert Johnson	_Robert John	02022024	
Type or Print Name	(Signature of Wner/Ope	erator) (Date)	
XIX. I CERTIFY THAT THE ABOVE INFORMATION IS COI Robert Johnson		02022024	
Type or Print Name	(Signature of Owner/Opera	<u></u>	
Type or i micrianie	(Signature or Owner/Opera	(Date)	