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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 = REVISED**

II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) **D = DEMO**

III. FACILITY DESCRIPTION (Include building name, number and floor or room number)

Bldg. Name: **SUN-SAND MOTEL HOTEL**

Address: **401 NORTH LAMAR STREET**

City: **JACKSON** State: **MS** Zip: **39202**

Site Location: **401 NORTH LAMAR STREET, JACKSON, MS 39202** Tel: **601-553-3105**

Building Size: **48,000 SQ. FT.** # of Floors: **3** Age in Years: **60 ± -**

Present Use: **VACANT** Prior Use: **HOTEL, BARBER SHOP, RESTAURANT**



IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)

OWNER NAME: **BUREAU OF BUILDINGS, GROUNDS + REAL PROPERTIES MANAGEMENT**

Address: **501 NORTH WEST STREET, SUITE 1401B**

City: **JACKSON** State: **MS** Zip: **39201**

Contact: **PAULA DEYOUNG** Tel: **601-553-3105**

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: **CONSTRUCTION PLUS, LLC.**

Address: **2326 FRONT STREET**

City: **MERIDIAN** State: **MS** Zip: **39304**

Contact: **EARL LOGAN SR.**

V. IS ASBESTOS PRESENT? (Yes/No) **YES / Ceiling texture, Roofing material, Pipe Insulation**

VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection). **INSPECTED 2004 BY MARCUS D. HOPG, LIC. #AB2-06008933 PLM METHOD BY THE EMSL ANALYTICAL LAB INC, BATON ROUGE, LA 70809**

VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below	
		Category I	Category II	UNIT	
1. Regulated ACM to be Removed	ACM		✓	Ln Ft:	Ln M:
2. Category I ACM Not Removed			✓	Sq Ft: 38,000	Sq M:
3. Category II ACM Not Removed				Cu Ft:	Cu M:
Pipes					
Surface Area					
Vol RACM Off Facility Component					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **10/18/2020** Complete: **11/18/2020**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **11/18/2020** Complete: **1/18/2021**

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S)

Wet Method, CONTAINMENT, NEG-AIR

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE DEMOLITION OR RENOVATION SITE: PREP, PLACE SIGNS, CONNECT PLACE 6 MIL POLY ONTO FLOOR, WET AND REMOVE CEILING AWAIT AIR CLEARANCE.

LEB ASBESTOS

XII. WASTE TRANSPORTER #1

Name: Republic Service

Address: 1035 Old Brandon Rd.

City: Flowood

State: MS

Zip:

Contact Person: MIKE RALEY

Tel: 601.420.8243

WASTE TRANSPORTER #2 N/A

Name:

Address:

City:

State:

Zip:

Contact Person:

XIII. WASTE DISPOSAL SITE

Name: LITTLE DIXIE LANDFILL

Address: 1716 N. County Line Rd.

City: Ridgeland

State: MS

Zip: 39157

Tel: 601-982-

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 NON-FRIABLE ASBESTOS MATERIAL BECOMES CRUMBLING, PULVERIZED, OR REDUCED TO POWDER: STOP WORK, CONTACT PRIME CONTRACTOR AND M.D.E.Q. OF CHARGE. AWAIT DECISION BY M.D.E.Q.

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON SITE 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.

Jimmy Bell
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

10/8/2020
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

Jimmy Bell
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

10/8/2020
(Date)