

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) O = ORIGINAL							
II. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) R = RENOVATION							
III. FACILITY DESCRIPTION (Include building name, number and floor or room number)							
Bldg. Name: ANYON'S RENT-TO-OWN CENTER							
Address: 436 Hwy 61 North (suite)							
City: NATCHEZ	State: MS	Zip: 39120	<div style="border: 2px solid blue; padding: 10px; display: inline-block;"> RECEIVED DEC 22 2020 </div>				
Site Location: 436 Hwy 61 North (suite #7) NATCHEZ, MS	Tel: 601-953-3432						
Building Size: 15,600 sq. ft.	# of Floors: 1	Age in Years: 30+					
Present Use: VACANT	Prior Use: ANYON'S RENT-TO-OWN CENTER						
IV. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: Action Retail Group II, LLC							
Address: 110 N. Jerry Clower Blvd., (Suite W)							
City: YAZOO City	State: MS	Zip: 39194					
Contact: STEVE Phillips	Tel: 601-953-3432						
REMOVAL CONTRACTOR: BELL ENVIRONMENTAL SERVICES, LLC.							
Address: P.O. BOX 133							
City: DELTA City	State: MS	Zip: 39061					
Contact: Jimmy BELL	Tel:						
OTHER OPERATOR: Action Retail Group II, LLC							
Address: 110 N. JERRY CLOWER BLVD., (SUITE W)							
City: YAZOO City	State: MS	Zip: 39194					
Contact: STEVE Phillips	Tel:						
V. IS ASBESTOS PRESENT? (Yes/No) YES SOME FLOOR TILE/MASTIC							
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL (Include inspector name and date of inspection): Inspected 12/10/2020 by PAUL ANDERSON Lic. #ABI-00001686 SAMPLES TAKEN WAS SEND TO THE NVLAP CEI Lab., Cary, NC ZTSU, PLM Method. Floor Tile 2%, Mastic 5%							
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:		Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below			
<ol style="list-style-type: none"> 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed 		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Category I</td> <td style="width: 50%;">Category II</td> </tr> </table>		Category I	Category II	UNIT	
Category I	Category II						
Pipes				Ln Ft:	Ln M:		
Surface Area	1	Floor Tile Mastic	✓	Sq Ft: 14000	Sq M:		
Vol RACM Off Facility Component				Cu Ft:	Cu M:		
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 1/3/2021				Complete: 1/15/2021			
IX. SCHEDULED DATES DEMORENOVATION (MM/DD/YY) Start: 1/15/2021				Complete: 3/15/2021			

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:
WET METHOD, CONTAINMENT, NEG-AIR, D=CON

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE: P/REP WORK AREA, SEAL ALL DOORS, WINDOWS, PLACE SIGNS AT ALL ENTRANCES. WET, REMOVE, BAG FLOOR TILE, PLACE INTO LINED DUMPSTER, CLEAN UP, SPRAY ON MASTIC REMOVAL, SETUP BRUSH, SQUEE-SEE MASTIC INTO PILES, SOLIDIFY USING SAW DUST, DOUBLE BAG, CLEANUP. AWAIT AIT CLEARANCE.

XII. WASTE TRANSPORTER #1

Name: Natchez Waste Pro
Address: 396 1/2 Liberty Rd
City: Natchez // State: MS Zip: 39120
Contact Person: MARVIN HUDSON Tel: 601-361-9967
~~888-606-7763~~

WASTE TRANSPORTER #2

N/A

Name:
Address:
City: State: Zip:
Contact Person: Tel:

XIII. WASTE DISPOSAL SITE

Name: PLANTATION OAKS LANDFILL
Address: 35 Shieldsboro Rd.
City: Sibley State: MS Zip: 39165
Tel: 601-445-8459

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 CRUMBLING, PULVERIZED, OR REDUCED TO POWDER: STOP WORK, SEAL OFF AREA. CONTACT OWNER AND MDEQ, OF CHANGE. AWAIT MDEQ DIRECTION OF CHANGE.

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.

Jimmy Bell
Type or Print Name

Jimmy Bell
(Signature of Owner/Operator)

12/17/2020
(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

JAMES GIBSON
Type or Print Name

James Gibson
(Signature of Owner/Operator)

12/17/2020
(Date)