

11 Dec 13 Rev 11

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) 2.7.2022	Notification # (MDEQ use only)
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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) D

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

Bldg. Name: **Old House - Winona Truck Stop**

Address **14 N. Mission Rd**

City: **Winona** State: **Ms** Zip: **38967**

Site Location: **Corner of Hwy 82 / N. Mission Rd.** Tel: **205-790-5696**

Building Size **1500** # of Floors: **1** Age in Years: **30**

Present Use: **vacant** Prior Use: **residential**

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

OWNER NAME: **Baldeep Singh, Winona Truck Stop, LLC**

Address: **120 Fontanelle Blvd**

City: **Madison** State: **MS** Zip: **39110**

Contact: _____ Tel: _____

REMOVAL CONTRACTOR **pearson environmental services**

Address: **2040 Fox Cove east**

City: **Byram** State: **ms** Zip: **39272**

Contact: **chris pearson** Tel: **601-937-1186**

OTHER OPERATOR: **Commercial Construction Maintenance, Inc.**

Address: **3664 Guyton Rd**

City: **Hoover** State: **Al** Zip: **35244**

Contact: **Josh Fontenot**

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):

Chris Pearson- PLM - 2021

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				Ln Ft:	Ln M:
2. Category I ACM Not Removed				Sq Ft: 500	Sq M:
3. Category II ACM Not Removed				Cu Ft:	Cu M:
Pipes					
Surface Area	floor tile/mastic				
Vol RACM Off Facility Component					

VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: **2/18/2022** Complete: **2/19/2022**

IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: **2/21/2022** Complete: **3/21/2022**

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

Escavator use in demolition of house to build new truck stop

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

containment with HEPA air scrubber/ wet method removal/materials bagged and disposed of at asbestos landfill

XII. WASTE TRANSPORTER #1

Name: Pearson Environmental Services

Address: 2040 fox cove east

City: byram

State: ms

Zip: 39272

Contact Person: chris pearson

Tel: 601-937-1186

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Little Dixie landfill

Address: 1716 N. Countyline Rd

City: ridgeland

State: ms

Zip: 39157

Tel: 601-982-9488

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

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

XV. FOR EMERGENCY RENOVATIONS:

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:

work will stop and additional air monitoring and close off area and keep wet

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.

chris pearson

Type or Print Name

(Signature of Owner/Operator)

2/7/2022

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

chris pearson

Type or Print Name

(Signature of Owner/Operator)

2/7/2022

(Date)